STIC Search Report
Biotech-Chem Library

STIC Database Tracking Number: 106248

TO: Rebecca Cook
Location: CM1/2B07/2D01
Art Unit: 1614
Wednesday, October 22, 2003

Case Serial Number: 09/843132

From: Barb O'Bryen
Location: Biotech-Chem Library
CM1-6A05
Phone: 308-4291

barbara.obryen@uspto.gov

Search Notes

Barb O'Bryen

Access DB# 106248

SEARCH REQUEST FORM

Scientific and Technical Information Center

OCT 23 '01

Requester's Full Name: Rebecca Loh Examiner # : _____ Date: 10/22/03

Art Unit: 1614 Phone Number 308 4724 Serial Number: 09/843132

Mail Box and Bldg/Room Location: CM1 5B01 Results Format Preferred (circle): PAPER DISK E-MAIL

If more than one search is submitted, please prioritize searches in order of need. MEJ

****

Please provide a detailed statement of the search topic, and describe as specifically as possible the subject matter to be searched. Include the elected species or structures, keywords, synonyms, acronyms, and registry numbers, and combine with the concept or utility of the invention. Define any terms that may have a special meaning. Give examples or relevant citations, authors, etc, if known. Please attach a copy of the cover sheet, pertinent claims, and abstract.

Title of Invention: _____

Inventors (please provide full names): John McLean

Earliest Priority Filing Date: 12/23/98

**For Sequence Searches Only* Please include all pertinent information (parent, child, divisional, or issued patent numbers) along with the appropriate serial number.*

1. Please provide structures for a irinotecan & b. celecoxib
2. What is definition for 'neoplasia'
3. search a (3A) + b to treat neoplasia. (3B) What would rationale be to use COX-2 inhibitor (b) with DNA topoisomerase I inhibitor (a)

Thanks
Rebecca

Search Approved
TK Page
SPE, AU 1616

STAFF USE ONLY

Searcher: BOB

Searcher Phone #: _____

Type of Search

NA Sequence (#)_____

AA Sequence (#)_____

Vendors and cost where applicable

STN 123

Dialog _____

STIC SEARCH RESULTS FEEDBACK FORM

Biotech-Chem Library

Questions about the scope or the results of the search? Contact ***the searcher or contact:***

Mary Hale, Information Branch Supervisor
308-4258, CM1-1E01

Voluntary Results Feedback Form

- *I am an examiner in Workgroup:* ☐ *Example: 1610*
- *Relevant prior art **found**, search results used as follows:*
  - ☐ 102 rejection
  - ☐ 103 rejection
  - ☐ Cited as being of interest.
  - ☐ Helped examiner better understand the invention.
  - ☐ Helped examiner better understand the state of the art in their technology.

Types of relevant prior art found:

- ☐ Foreign Patent(s)
- ☐ Non-Patent Literature
  (journal articles, conference proceedings, new product announcements etc.)

- *Relevant prior art **not found:***
  - ☐ Results verified the lack of relevant prior art (helped determine patentability).
  - ☐ Results were not useful in determining patentability or understanding the invention.

Comments:

Drop off or send completed forms to STIC/Biotech-Chem Library CM1 – Circ. Desk

Stedman's Medical Dictionary 27th Edition

neoplasia (ne-o-pla'ze-a)

The pathologic process that results in the formation and growth of a neoplasm. [neo- + G. *plasis,* 1 a molding] **cervical intraepithelial *neoplasia*** dysplastic changes beginning at the squamocolumnar junction in the uterine cervix that may be precursors of squamous cell carcinoma: grade 1, mild dysplasia involving the lower one-third or less of the epithelial thickness; grade 2, moderate dysplasia with one-third to two-thirds involvement; grade 3, severe dysplasia or carcinoma in situ, with two-thirds to full-thickness involvement. **lobular *neoplasia*** SYN: noninfiltrating lobular *carcinoma*. **multiple endocrine *n.* (MEN)** a group of disorders characterized by functioning tumors in more than one endocrine gland. SYN: familial multiple endocrine *adenomatosis*, multiple endocrine *adenomatosis*. **multiple endocrine *n.* 1 [MIM*131100]** syndrome characterized by tumors of the pituitary gland, pancreatic islet cells, and parathyroid glands and may be associated with Zollinger-Ellison syndrome; autosomal dominant inheritance, caused by mutation in the MEN1 gene on chromosome 11q. **multiple endocrine *n.* 2 [MIM*171400]** syndrome associated with pheochromocytoma, parathyroid adenoma and medullary thyroid carcinoma; autosomal dominant inheritance, caused by mutation in the RET oncogene on chromosome 10q. **multiple endocrine *n.* 3 [MIM*162300]** syndrome characterized by tumors found in MEN2, tall, thin habitus, prominent lips, and neuromas of the tongue and eyelids; autosomal dominant inheritance, caused by mutation in the RET oncogene on 10q. SYN: multiple endocrine *n.* 2B. **multiple endocrine *n.* 2B** SYN: multiple endocrine *n.* 3. **multiple endocrine *n.*, type 1** SYN: multiple endocrine neoplasia *syndrome*, type 1. **multiple endocrine *neoplasia*, type 2A (MEN2A)** SYN: multiple endocrine neoplasia *syndrome*, type 2A. **prostatic intraepithelial *neoplasia* (PIN)** dysplastic changes involving glands and ducts of the prostate that may be a precursor of adenocarcinoma; low grade (PIN1 1), mild dysplasia with cell crowding, variation in nuclear size and shape, and irregular cell spacing; high grade (PIN1 2 and 3), moderate to severe dysplasia with cell crowding, nucleomegaly and nucleolomegaly, and irregular cell spacing. **vaginal intraepithelial *n.*** preinvasive squamous cell carcinoma (carcinoma in situ) limited to vaginal epithelium; like vulvar or cervical intraepithelial neoplasia, graded histologically on a scale from 1 to 3 or subdivided into low-grade and high-grade intraepithelial malignancy; usually related to human papilloma virus infection; may progress to invasive carcinoma. **vulvar intraepithelial *n.*** preinvasive squamous cell carcinoma (carcinoma in situ) limited to vulvar epithelium; like vaginal or cervical intraepithelial neoplasia, graded histologically on a scale from 1 to 3 or subdivided into low-grade and high-grade intraepithelial malignancy; usually related to human papilloma virus infection; may progress to invasive carcinoma.

Stedman's Medical Dictionary 27th Edition

neoplasm (ne'o-plazm)

An abnormal tissue that grows by cellular proliferation more rapidly than normal and continues to grow after the stimuli that initiated the new growth cease. Neoplasms1 show partial or complete lack of structural organization and functional coordination with the normal tissue, and usually form a distinct mass of tissue that may be either benign (benign *tumor*) or malignant (cancer). SYN: new *growth*, tumor (2) . [neo- + G. *plasma,*1 thing formed]
histoid ***n.*** old term for a *n.* characterized by a cytohistologic pattern that closely resembles the tissue from which the neoplastic cells are derived.

```
=> fil reg; d ide l1 1-2; d ide l2
FILE 'REGISTRY' ENTERED AT 09:14:12 ON 22 OCT 2003
USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.
PLEASE SEE "HELP USAGETERMS" FOR DETAILS.
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Property values tagged with IC are from the ZIC/VINITI data file
provided by InfoChem.

STRUCTURE FILE UPDATES:   21 OCT 2003  HIGHEST RN 607679-40-3
DICTIONARY FILE UPDATES:  21 OCT 2003  HIGHEST RN 607679-40-3

TSCA INFORMATION NOW CURRENT THROUGH JULY 14, 2003

  Please note that search-term pricing does apply when
  conducting SmartSELECT searches.

Crossover limits have been increased.  See HELP CROSSOVER for details.

Experimental and calculated property data are now available.  See HELP
PROPERTIES for more information.  See STNote 27, Searching Properties
in the CAS Registry File, for complete details:
http://www.cas.org/ONLINE/STN/STNOTES/stnotes27.pdf


L1   ANSWER 1 OF 2  REGISTRY  COPYRIGHT 2003 ACS on STN
RN   100286-90-6 REGISTRY
CN   [1,4'-Bipiperidine]-1'-carboxylic acid, (4S)-4,11-diethyl-3,4,12,14-
     tetrahydro-4-hydroxy-3,14-dioxo-1H-pyrano[3',4':6,7]indolizino[1,2-
     b]quinolin-9-yl ester, monohydrochloride (9CI)  (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN   1H-Pyrano[3',4':6,7]indolizino[1,2-b]quinoline, [1,4'-bipiperidine]-1'-
     carboxylic acid deriv.
CN   [1,4'-Bipiperidine]-1'-carboxylic acid, 4,11-diethyl-3,4,12,14-tetrahydro-
     4-hydroxy-3,14-dioxo-1H-pyrano[3',4':6,7]indolizino[1,2-b]quinolin-9-yl
     ester, monohydrochloride, (S)-
OTHER NAMES:
CN   7-Ethyl-10-[[4-(1-piperidyl)-1-piperidyl]carbonyloxy]camptothecin
     hydrochloride
CN   Campto
CN   Camptothecin 11
CN   Camptothecin 11 hydrochloride
CN   CPT 11
CN   Irinotecan hydrochloride
CN   Topotecin
CN   U 101440E
FS   STEREOSEARCH
DR   111348-33-5
MF   C33 H38 N4 O6 . Cl H
SR   CA
LC   STN Files:   ADISNEWS, AGRICOLA, ANABSTR, BEILSTEIN*, BIOBUSINESS, BIOSIS,
       BIOTECHNO, CA, CANCERLIT, CAPLUS, CBNB, CHEMCATS, CIN, CSCHEM, DDFU,
       DIOGENES, DRUGPAT, DRUGU, DRUGUPDATES, EMBASE, IPA, MEDLINE, MRCK*,
       PHAR, PHARMASEARCH, PROMT, RTECS*, SYNTHLINE, TOXCENTER, USPAT2,
       USPATFULL
         (*File contains numerically searchable property data)
CRN  (97682-44-5)

Absolute stereochemistry.  Rotation (+).
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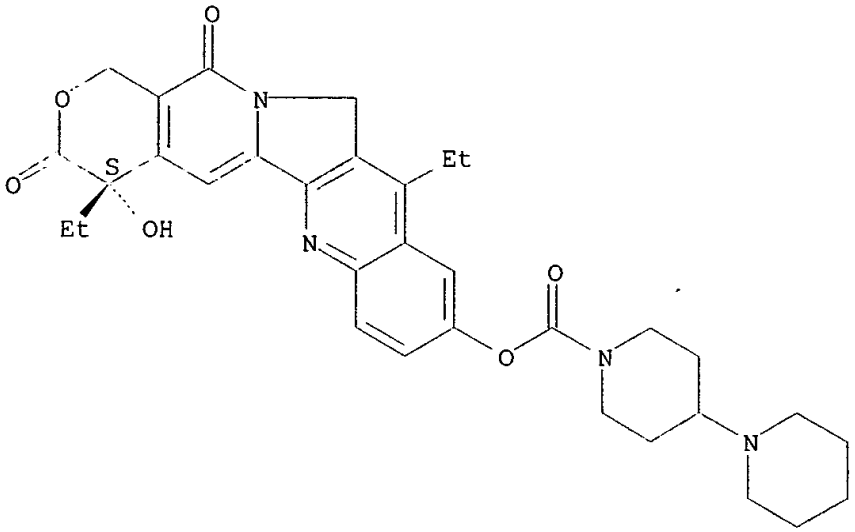
PAGE 1-A



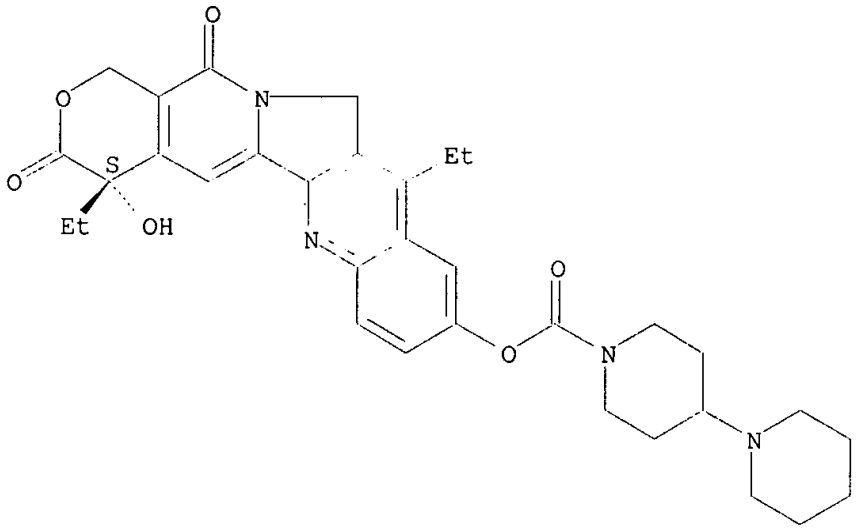
PAGE 2-A

● HCl

522 REFERENCES IN FILE CA (1907 TO DATE)
7 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
527 REFERENCES IN FILE CAPLUS (1907 TO DATE)

L1 ANSWER 2 OF 2 REGISTRY COPYRIGHT 2003 ACS on STN
RN 97682-44-5 REGISTRY
CN [1,4'-Bipiperidine]-1'-carboxylic acid, (4S)-4,11-diethyl-3,4,12,14-tetrahydro-4-hydroxy-3,14-dioxo-1H-pyrano[3',4':6,7]indolizino[1,2-b]quinolin-9-yl ester (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN 1H-Pyrano[3',4':6,7]indolizino[1,2-b]quinoline, [1,4'-bipiperidine]-1'-carboxylic acid deriv.
CN [1,4'-Bipiperidine]-1'-carboxylic acid, 4,11-diethyl-3,4,12,14-tetrahydro-4-hydroxy-3,14-dioxo-1H-pyrano[3',4':6,7]indolizino[1,2-b]quinolin-9-yl ester, (S)-
OTHER NAMES:
CN (+)-Irinotecan
CN Camptosar
CN **Irinotecan**
FS STEREOSEARCH
MF C33 H38 N4 O6
CI COM
SR CA
LC STN Files: ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, BEILSTEIN*, BIOBUSINESS, BIOSIS, CA, CAPLUS, CASREACT, CBNB, CEN, CHEMCATS, CIN, CSCHEM, DDFU, DIOGENES, DRUGNL, DRUGPAT, DRUGU, DRUGUPDATES, IPA, MRCK*, PROMT, RTECS*, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL
(*File contains numerically searchable property data)

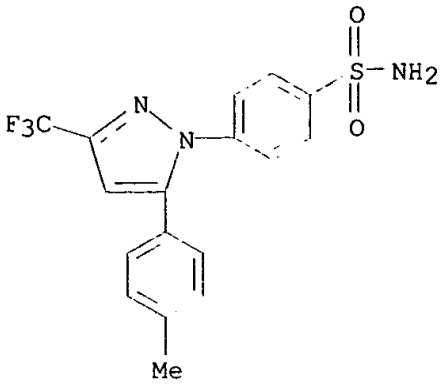
Absolute stereochemistry. Rotation (+).



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

719 REFERENCES IN FILE CA (1907 TO DATE)
18 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
732 REFERENCES IN FILE CAPLUS (1907 TO DATE)

L2 ANSWER 1 OF 1 REGISTRY COPYRIGHT 2003 ACS on STN
RN 169590-42-5 REGISTRY
CN Benzenesulfonamide, 4-[5-(4-methylphenyl)-3-(trifluoromethyl)-1H-pyrazol-1-yl]- (9CI) (CA INDEX NAME)
OTHER NAMES:
CN 4-[5-(4-Methylphenyl)-3-(trifluoromethyl)-1H-pyrazol-1-yl]benzenesulfonamide
CN Celebrex
CN **Celecoxib**
CN Celocoxib
CN SC 58635
CN YM 177
FS 3D CONCORD
DR 184007-95-2, 194044-54-7
MF C17 H14 F3 N3 O2 S
CI COM
SR US Adopted Names Council
LC STN Files: ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, BIOBUSINESS, BIOSIS, BIOTECHNO, CA, CANCERLIT, CAPLUS, CASREACT, CBNB, CEN, CHEMCATS, CIN, CSCHEM, DDFU, DIOGENES, DRUGNL, DRUGPAT, DRUGU, DRUGUPDATES, EMBASE, HSDB*, IPA, MEDLINE, MRCK*, PHAR, PHARMASEARCH, PROMT, RTECS*, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL
(*File contains numerically searchable property data)



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

652 REFERENCES IN FILE CA (1907 TO DATE)
17 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
663 REFERENCES IN FILE CAPLUS (1907 TO DATE)

```
=> fil medl; d que l12
FILE 'MEDLINE' ENTERED AT 09:19:42 ON 22 OCT 2003

 FILE LAST UPDATED: 21 OCT 2003 (20031021/UP). FILE COVERS 1958 TO DATE.

 On April 13, 2003, MEDLINE was reloaded. See HELP RLOAD for details.

 MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the
 MeSH 2003 vocabulary. See http://www.nlm.nih.gov/mesh/changes2003.html
 for a description on changes.

 This file contains CAS Registry Numbers for easy and accurate
 substance identification.

L4          3187 SEA FILE=MEDLINE ABB=ON  CAMPTOTHECIN/CT = Irinotecan
L7        208424 SEA FILE=MEDLINE ABB=ON  C4./CT(L)(PC OR DT)/CT = Neoplasms (C) Prevention & control or drug therapy
L9          2855 SEA FILE=MEDLINE ABB=ON  L4(L)(AD OR PD OR PK OR TU)/CT
L10          317 SEA FILE=MEDLINE ABB=ON  L7/MAJ AND L9/MAJ
L11       967243 SEA FILE=MEDLINE ABB=ON  GENERAL REVIEW/DT
L12           68 SEA FILE=MEDLINE ABB=ON  L11 AND L10

AD = administration & dosage
PD = pharmacology
PK = pharmacokinetics
TU = therapeutic use

=> d iall l12 58-68  ten oldest references

L12 ANSWER 58 OF 68     MEDLINE on STN
ACCESSION NUMBER:    1999130870     MEDLINE
DOCUMENT NUMBER:     99130870   PubMed ID: 9932078
TITLE:               [Topoisomerases I: new targets for the treatment of cancer
                     and mechanisms of resistance].
                     Les topo-isomerases I: nouvelles cibles pour le traitement
                     des cancers et mecanismes de resistance.
AUTHOR:              Pourquier P; Pommier Y
CORPORATE SOURCE:    Laboratory of Molecular Pharmacology, National Cancer
                     Institute, Bethesda, MD 20892-4255, USA.
SOURCE:              BULLETIN DU CANCER, (1998 Dec) Spec No 5-10.  Ref: 29
                     Journal code: 0072416. ISSN: 0007-4551.
PUB. COUNTRY:        France
DOCUMENT TYPE:       Journal; Article; (JOURNAL ARTICLE)
                       General Review; (REVIEW)
                     (REVIEW, TUTORIAL)
LANGUAGE:            French
FILE SEGMENT:        Priority Journals
ENTRY MONTH:         199902
ENTRY DATE:          Entered STN: 19990301
                     Last Updated on STN: 19990301
                     Entered Medline: 19990216
ABSTRACT:
DNA topoisomerases I are ubiquitous enzymes that play a crucial role in DNA
condensation, replication, transcription, and repair. Eukaryotic enzymes are
highly conserved and specifically targeted by natural anticancer agents such as
camptothecin and its derivatives. These drugs poison top 1 by inhibiting the
enzyme via trapping of top 1 clivage complexes, which ultimately generate cell
death. New camptothecin derivatives with better pharmacologic characteristics
are under development. Understanding top 1 functions and structure will help
to discover more specific and less toxic top 1 inhibitors in order to
circumvent drug resistance.
CONTROLLED TERM:     Check Tags: Human
                     *Antineoplastic Agents: PD, pharmacology
                      Antineoplastic Agents: TU, therapeutic use
                      Benzimidazoles: PD, pharmacology
                      Binding Sites: DE, drug effects
```

Camptothecin: AA, analogs & derivatives
***Camptothecin: PD, pharmacology**
Camptothecin: TU, therapeutic use
DNA Replication: DE, drug effects
*DNA Topoisomerases, Type I: AI, antagonists & inhibitors
DNA Topoisomerases, Type I: CH, chemistry
DNA Topoisomerases, Type I: PH, physiology
DNA, Neoplasm: BI, biosynthesis
Drug Design
Drug Resistance, Neoplasm
Drug Screening Assays, Antitumor
English Abstract
*Enzyme Inhibitors: PD, pharmacology
Enzyme Inhibitors: TU, therapeutic use
Intercalating Agents: PD, pharmacology
Macromolecular Systems
*Neoplasm Proteins: AI, antagonists & inhibitors
Neoplasm Proteins: PH, physiology
***Neoplasms: DT, drug therapy**
Neoplasms: EN, enzymology
CAS REGISTRY NO.: 7689-03-4 (Camptothecin)
CHEMICAL NAME: 0 (Antineoplastic Agents); 0 (Benzimidazoles); 0 (DNA, Neoplasm); 0 (Enzyme Inhibitors); 0 (Intercalating Agents); 0 (Macromolecular Systems); 0 (Neoplasm Proteins); EC 5.99.1.2 (DNA Topoisomerases, Type I)

L12 ANSWER 59 OF 68 MEDLINE on STN
ACCESSION NUMBER: 1999109498 MEDLINE
DOCUMENT NUMBER: 99109498 PubMed ID: 9893620
TITLE: Camptothecins: a review of their development and schedules of administration.
AUTHOR: O'Leary J; Muggia F M
CORPORATE SOURCE: NYU Medical Center, New York, New York 10016, USA.
SOURCE: EUROPEAN JOURNAL OF CANCER, (1998 Sep) 34 (10) 1500-8.
Ref: 113
Journal code: 9005373. ISSN: 0959-8049.
PUB. COUNTRY: ENGLAND: United Kingdom
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199901
ENTRY DATE: Entered STN: 19990209
Last Updated on STN: 19990209
Entered Medline: 19990125

ABSTRACT:
Used for centuries in traditional Chinese medicine, camptothecin was rediscovered in the 1950s during a search for compounds that could be used as a source for steroid synthesis. Due to its limited water solubility, a sodium salt was used in the early clinical trials. The severe toxicity and erratic absorption relegated this compound to the research laboratory until the 1980s when the topoisomerase enzyme was identified as the cellular target of camptothecin, the topoisomerase enzyme was found to be overexpressed in cancer cells and a structure-activity relationship was determined for camptothecin. These new developments brought the camptothecins back to the clinical setting for further testing. The various analogues that have been most studied to date include: irinotecan (CPT-11), and its derivative SN-38, topotecan, and 9-aminocamptothecin. Numerous trials have been conducted in an attempt to establish the efficacy in various tumour types, to determine the dose-limiting toxicity and to define the optimal schedule of administration. It seems that large doses of these drugs given on intermittent schedules are not effective. Our hypothesis is that the camptothecins require a prolonged schedule of

administration given continuously at low doses or frequent intermittent dosing schedules to be most effective. With these schedules, normal haematopoietic cells and mucosal progenitor cells with low topoisomerase I levels may be spared, while efficacy is preserved.

CONTROLLED TERM: Check Tags: Human
*Antineoplastic Agents, Phytogenic: AD, administration & dosage
Antineoplastic Agents, Phytogenic: ME, metabolism
***Camptothecin: AD, administration & dosage**
Camptothecin: AA, analogs & derivatives
Camptothecin: ME, metabolism
DNA Topoisomerases, Type I: ME, metabolism
Drug Administration Schedule
***Neoplasms: DT, drug therapy**
Neoplasms: EN, enzymology
Topotecan: AD, administration & dosage
Topotecan: ME, metabolism

CAS REGISTRY NO.: 100286-90-6 (irinotecan); 123948-87-8 (Topotecan); 7689-03-4 (Camptothecin)

CHEMICAL NAME: 0 (Antineoplastic Agents, Phytogenic); EC 5.99.1.2 (DNA Topoisomerases, Type I)

L12 ANSWER 60 OF 68 MEDLINE on STN
ACCESSION NUMBER: 1998451157 MEDLINE
DOCUMENT NUMBER: 98451157 PubMed ID: 9779877
TITLE: The clinical pharmacology of topoisomerase I inhibitors.
AUTHOR: Abang A M
CORPORATE SOURCE: University of Oklahoma Health Sciences Center, Oklahoma City 73190, USA.
SOURCE: SEMINARS IN HEMATOLOGY, (1998 Jul) 35 (3 Suppl 4) 13-21. Ref: 39
Journal code: 0404514. ISSN: 0037-1963.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199901
ENTRY DATE: Entered STN: 19990115
Last Updated on STN: 19990115
Entered Medline: 19990104

ABSTRACT:
The Chinese tree Camptotheca acuminata, or Xi Shu, brings us a unique class of chemotherapeutic agents known as the camptothecins. Because the parent compound exhibited excessive toxicity and poor aqueous solubility, synthetic and semisynthetic analogs were developed. These compounds contain a lactone ring that is necessary for activity and is easily hydrolyzed into the less active hydroxy carboxylic acid. Irinotecan, a semisynthetic analog is a prodrug that is cleaved by a carboxylesterase-converting enzyme to form the biologically active metabolite SN-38. The half-lives of irinotecan and SN-38 are relatively long, and both are commonly found in the lactone form. Topotecan differs from irinotecan in that it is found predominately in the inactive carboxylate form at neutral pH, but can be maintained in the lactone form at a lower pH. In phase I clinical trials, the antitumor activity of topotecan has been impressive. In vitro and in vivo studies have shown that combinations between topotecan and 5-fluorouracil or cisplatin have synergistic antitumor effects compared with topotecan alone. Two relatively new agents, 9-aminocamptothecin and GG211, have produced promising results against a variety of tumors.

CONTROLLED TERM: Check Tags: Human
*Antineoplastic Agents: PD, pharmacology
Antineoplastic Agents: TU, therapeutic use

Camptothecin: AA, analogs & derivatives
***Camptothecin: PD, pharmacology**
Camptothecin: TU, therapeutic use
Clinical Trials
*DNA Topoisomerases, Type I: AI, antagonists & inhibitors
*Enzyme Inhibitors: PD, pharmacology
Enzyme Inhibitors: TU, therapeutic use
***Neoplasms: DT, drug therapy**
CAS REGISTRY NO.: 7689-03-4 (Camptothecin)
CHEMICAL NAME: 0 (Antineoplastic Agents); 0 (Enzyme Inhibitors); EC 5.99.1.2 (DNA Topoisomerases, Type I)

L12 ANSWER 61 OF 68 MEDLINE on STN
ACCESSION NUMBER: 97149817 MEDLINE
DOCUMENT NUMBER: 97149817 PubMed ID: 8996611
TITLE: Design of topoisomerase inhibitors to overcome MDR1-mediated drug resistance.
AUTHOR: Chen A Y; Liu L F
CORPORATE SOURCE: Department of Pharmacology, University of Medicine and Dentistry of New Jersey, Robert Wood Johnson Medical School, Piscataway 08854, USA.
CONTRACT NUMBER: CA39662 (NCI)
SOURCE: ADVANCES IN PHARMACOLOGY, (1994) 29B 245-56. Ref: 30
Journal code: 9015397. ISSN: 1054-3589.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199704
ENTRY DATE: Entered STN: 19970424
Last Updated on STN: 19970424
Entered Medline: 19970417

ABSTRACT:
Human colon tumor xenografts are known to be refractory to most chemotherapeutic anticancer drugs. Recent studies have demonstrated that a class of topoisomerase I inhibitors, camptothecins, exhibits unprecedented antitumor activity against human colon tumor xenografts in nude mice (Giovanella et al., 1989; Potmesil et al., 1991). The ability of camptothecin to overcome MDR1-mediated resistance may be one important contributing factor to camptothecin's impressive activity (Chen et al., 1991). If this interpretation is correct, it will be promising to develop new drugs that can overcome MDR1-mediated resistance for treating certain human solid tumors. Admittedly, MDR1-mediated resistance is only one of the many mechanisms of drug resistance in tumor cells. Designing new drugs for various resistance tumors will require fundamental information on various drug resistance mechanisms. It will eventually be possible to tailor drugs for particular drug-resistant tumors. Using topoisomerase inhibitors, we have begun to understand some of the parameters that may have to be considered for rational drug design.

CONTROLLED TERM: Check Tags: Animal; Comparative Study; Human; Support, Non-U.S. Gov't; Support, U.S. Gov't, P.H.S.
*Antineoplastic Agents: TU, therapeutic use
***Camptothecin: TU, therapeutic use**
***Carcinoma: DT, drug therapy**
***Colonic Neoplasms: DT, drug therapy**
*DNA Topoisomerases, Type I: AI, antagonists & inhibitors
*DNA Topoisomerases, Type II: AI, antagonists & inhibitors
Drug Design
Drug Resistance, Neoplasm: GE, genetics
*Genes, MDR: DE, drug effects
Mice
Mice, Nude

CAS REGISTRY NO.: 7689-03-4 (Camptothecin)
CHEMICAL NAME: 0 (Antineoplastic Agents); EC 5.99.1.2 (DNA Topoisomerases, Type I); EC 5.99.1.3 (DNA Topoisomerases, Type II)

L12 ANSWER 62 OF 68 MEDLINE on STN
ACCESSION NUMBER: 97146655 MEDLINE
DOCUMENT NUMBER: 97146655 PubMed ID: 8993511
TITLE: Protocols for the treatment of human tumor xenografts with camptothecins.
AUTHOR: Giovanella B C; Natelson E; Harris N; Vardeman D; Stehlin J S
CORPORATE SOURCE: Stehlin Foundation for Cancer Research, St. Joseph Hospital, Houston, Texas 77003, USA.
SOURCE: ANNALS OF THE NEW YORK ACADEMY OF SCIENCES, (1996 Dec 13) 803 181-7. Ref: 15
Journal code: 7506858. ISSN: 0077-8923.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199701
ENTRY DATE: Entered STN: 19970219
Last Updated on STN: 19970219
Entered Medline: 19970129

ABSTRACT:
Thirty-five human tumors of various histological types xenografted at various sites into nude mice and rats have been used to assess the anticancer activity of camptothecin and derivatives administered by different routes (subcutaneous, intramuscular, intravenous, intrastomach, and transdermal). Camptothecins are active against human tumors at every site including the brain. So far, the best anticancer/toxicity ratio has been found with 9-nitrocamptothecin (9NC) and 9-aminocamptothecin (9AC) to which 9NC converts in the body of mammals. Comparing the results obtained during clinical trials with the animal ones, it is evident that camptothecins are much less active in humans than in mice against human tumors. This is probably due to the fact that in humans the lactone ring of camptotecins opens much faster than in mice. Measurement of the area under the curve (AUC) in mice and humans under comparable conditions of administration gives values of 3% closed lactone for man versus 55% in mice for 9NC. Clearly this is the crucial problem to overcome in order to improve the efficacy of the camptothecins as anticancer agents.

CONTROLLED TERM: Check Tags: Animal; Human
Antineoplastic Agents, Phytogenic: PK, pharmacokinetics
*Antineoplastic Agents, Phytogenic: TU, therapeutic use
Camptothecin: AA, analogs & derivatives
Camptothecin: PK, pharmacokinetics
***Camptothecin: TU, therapeutic use**
Clinical Protocols
Disease Models, Animal
Mice
Mice, Nude
Neoplasm Transplantation
***Neoplasms, Experimental: DT, drug therapy**
Rats
Transplantation, Heterologous
CAS REGISTRY NO.: 7689-03-4 (Camptothecin)
CHEMICAL NAME: 0 (Antineoplastic Agents, Phytogenic)

L12 ANSWER 63 OF 68 MEDLINE on STN
ACCESSION NUMBER: 97088813 MEDLINE
DOCUMENT NUMBER: 97088813 PubMed ID: 8934721
TITLE: The suitability of selected new anticancer agents for

infusional therapy and the effects of others on infusional therapy practices.
AUTHOR: Rowinsky E K
CORPORATE SOURCE: Division of Pharmacology and Experimental Therapeutics, Johns Hopkins Oncology Centre, Baltimore, Maryland 21287-8934, USA.
SOURCE: JOURNAL OF INFUSIONAL CHEMOTHERAPY, (1995 Fall) 5 (4) 173-8. Ref: 60
Journal code: 9306406. ISSN: 1060-0051.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199701
ENTRY DATE: Entered STN: 19970219
Last Updated on STN: 19970219
Entered Medline: 19970122

ABSTRACT:
The comprehensive development of new antineoplastic agents mandates a thorough evaluation of schedule-dependent cytotoxicity and toxicity. This report focuses on the topoisomerase I inhibitors as an example of a novel class of anticancer agents in exposure duration may be a critical factor in the achievement of an optimal therapeutic index. The mechanistic and pharmacologic determinants and rationale for using protracted exposure schedules in administering several topoisomerase I inhibitors are discussed. The review also discusses dihydropyrimidine dehydrogenase as a pharmacologic target, enabling administration of oral fluoropyrimidines.

CONTROLLED TERM: Check Tags: Comparative Study; Human
Administration, Oral
*Antineoplastic Agents, Phytogenic: AD, administration & dosage
*Antineoplastic Combined Chemotherapy Protocols: TU, therapeutic use
***Camptothecin: AD, administration & dosage**
*Camptothecin: AA, analogs & derivatives
*DNA Topoisomerases, Type I: AI, antagonists & inhibitors
*Drug Delivery Systems
Enzyme Inhibitors: AD, administration & dosage
Fluorouracil: AD, administration & dosage
Infusions, Parenteral
***Neoplasms: DT, drug therapy**
Oxidoreductases: AI, antagonists & inhibitors
Uracil: AD, administration & dosage
Uracil: AA, analogs & derivatives
CAS REGISTRY NO.: 51-21-8 (Fluorouracil); 59989-18-3 (5-ethynyluracil); 66-22-8 (Uracil); 7689-03-4 (Camptothecin)
CHEMICAL NAME: 0 (Antineoplastic Agents, Phytogenic); 0 (Antineoplastic Combined Chemotherapy Protocols); 0 (Enzyme Inhibitors); EC 1. (Oxidoreductases); EC 1.3.1.2 (dihydrouracil dehydrogenase(NADP)); EC 5.99.1.2 (DNA Topoisomerases, Type I)

L12 ANSWER 64 OF 68 MEDLINE on STN
ACCESSION NUMBER: 96363438 MEDLINE
DOCUMENT NUMBER: 96363438 PubMed ID: 8719971
TITLE: Molecular, cellular, and clinical aspects of the pharmacology of 20(S)camptothecin and its derivatives.
AUTHOR: Rivory L P; Robert J
CORPORATE SOURCE: University of Bordeaux II, Bordeaux, France.
SOURCE: PHARMACOLOGY AND THERAPEUTICS, (1995) 68 (2) 269-96. Ref: 170

Journal code: 7905840. ISSN: 0163-7258.
PUB. COUNTRY: ENGLAND: United Kingdom
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199609
ENTRY DATE: Entered STN: 19961008
Last Updated on STN: 19961008
Entered Medline: 19960925

ABSTRACT:
The discovery of the plant alkaloid 20(S)camptothecin (CPT), which displayed potent antitumor activity in preclinical trials, has led to the identification of a novel target of cancer chemotherapy: the nuclear enzyme topoisomerase I. The mechanism by which CPT induces cytotoxicity is the topic of continued research, but appears to be mediated by the stabilisation of transient "cleavable" topoisomerase I-DNA complexes. The pharmacology of CPT and its derivatives is complicated by the apparent requirement of an alpha-hydroxy-delta-lactone ring, which, unfortunately, is hydrolysed reversibly to form inactive carboxylates. Recent research has shown that the extent of hydrolysis in vivo varies between the various derivatives and that this may be an important factor in determining antitumoral activity. In this review, we discuss recent developments in our understanding of the molecular, cellular, and clinical pharmacology of CPT and several of the more promising derivatives.

CONTROLLED TERM: Check Tags: Human; Support, Non-U.S. Gov't
*Antineoplastic Agents, Phytogenic: PD, pharmacology
*Camptothecin: AA, analogs & derivatives
***Camptothecin: PD, pharmacology**
DNA: ME, metabolism
*DNA Topoisomerases, Type I: ME, metabolism
Drug Resistance, Neoplasm
***Neoplasms: DT, drug therapy**
Neoplasms: ME, metabolism
CAS REGISTRY NO.: 7689-03-4 (Camptothecin); 9007-49-2 (DNA)
CHEMICAL NAME: 0 (Antineoplastic Agents, Phytogenic); EC 5.99.1.2 (DNA Topoisomerases, Type I)

L12 ANSWER 65 OF 68 MEDLINE on STN
ACCESSION NUMBER: 96316849 MEDLINE
DOCUMENT NUMBER: 96316849 PubMed ID: 8695345
TITLE: Current perspectives on camptothecins in cancer treatment.
AUTHOR: Dancey J; Eisenhauer E A
SOURCE: BRITISH JOURNAL OF CANCER, (1996 Aug) 74 (3) 327-38. Ref: 146
Journal code: 0370635. ISSN: 0007-0920.
PUB. COUNTRY: SCOTLAND: United Kingdom
DOCUMENT TYPE: Editorial
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199609
ENTRY DATE: Entered STN: 19960912
Last Updated on STN: 19980206
Entered Medline: 19960903

ABSTRACT:
The camptothecins are a new class of chemotherapeutic agents which have a novel mechanism of action targeting the nuclear enzyme topoisomerase I. Knowledge of the structure-activity relationships of the parent compound camptothecin has led to the development of effective soluble analogues with manageable toxicities. Broad anti-tumour activity shown in preclinical studies has been

confirmed in phase I/II studies for irinotecan and topotecan. Two other derivatives, 9-aminocamptothecin and GI 147211C, are undergoing phase I and early phase II evaluation. Although camptothecin is a plant extract, it and most of its derivatives are not affected by the classic P-gpMDR1 mechanism of resistance which may allow the development of novel combination chemotherapeutic regimens. Important areas of future endeavour will include the development of rational combination regimens and the pursuit of randomised trials. Based on single agent data, colorectal cancer and non-small-cell lung cancer should be the focus for future irinotecan studies. Small-cell lung cancer and ovarian carcinoma are logical tumour types to pursue with topotecan. Both 9-aminocamptothecin and GI 147211C are too early in their clinical evaluation to make recommendations about their future roles. Finally, the unfolding story of camptothecin analogue development will give important insights into the predictive value of preclinical observations on relative efficacy, schedule dependency, combination strategies and resistance mechanisms which have helped determine the strategies for clinical evaluation of these agents.

CONTROLLED TERM: Check Tags: Human
*Antineoplastic Agents, Phytogenic: TU, therapeutic use
Antineoplastic Combined Chemotherapy Protocols: TU, therapeutic use
Camptothecin: AA, analogs & derivatives
***Camptothecin: TU, therapeutic use**
DNA Topoisomerases, Type I: AI, antagonists & inhibitors
Drug Resistance
***Neoplasms: DT, drug therapy**
Topotecan

CAS REGISTRY NO.: 100286-90-6 (irinotecan); 123948-87-8 (Topotecan); 7689-03-4 (Camptothecin); 86639-63-6 (9-amino-20-camptothecin)

CHEMICAL NAME: 0 (Antineoplastic Agents, Phytogenic); 0 (Antineoplastic Combined Chemotherapy Protocols); EC 5.99.1.2 (DNA Topoisomerases, Type I)

L12 ANSWER 66 OF 68 MEDLINE on STN
ACCESSION NUMBER: 96135310 MEDLINE
DOCUMENT NUMBER: 96135310 PubMed ID: 8551794
TITLE: The water-insoluble camptothecin analogues: promising drugs for the effective treatment of haematological malignancies.
AUTHOR: Pantazis P
CORPORATE SOURCE: Stehlin Foundation for Cancer Research, St. Joseph Hospital, Houston, Texas, USA.
SOURCE: LEUKEMIA RESEARCH, (1995 Nov) 19 (11) 775-88. Ref: 151
Journal code: 7706787. ISSN: 0145-2126.
PUB. COUNTRY: ENGLAND: United Kingdom
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199602
ENTRY DATE: Entered STN: 19960306
Last Updated on STN: 19970203
Entered Medline: 19960221

ABSTRACT:
After failing to exhibit benefits in clinical studies with cancer patients in the early 1970s, camptothecin (CPT) and its water-insoluble analogues are re-emerging as promising drugs with multiple actions in the treatment of human haematological malignancies. CPT analogues interfere with the mechanism of action of the nuclear enzyme topoisomerase I, while the cells progress through the S-phase of the cell cycle and this results in cell death by apoptosis. Modulations of topoisomerase I phosphorylation may indirectly modulate the cytotoxic activity of CPT analogues. In vitro, CPT analogues have exhibited

increased or unaltered killing activity against leukaemia cells resistant to epipodophyllotoxins, anthracyclines, anthracenediones, and Vinca alkaloids, while development of resistance to CPT analogues renders leukaemia and lymphoma cells more sensitive to topoisomerase II-directed drugs, inducers of cell differentiation, and immunotoxins. Oral administration of the CPT analogues has circumvented the inconvenience of solubility of these drugs. Metabolic conversion of the CPT analogue 9-nitro-CPT to equally or more potent 9-amino-CPT practically makes unnecessary treatment of the patient with 9-amino-CPT, which, in addition, is costlier to prepare than 9-nitro-CPT. Considering the therapeutic, economic and handling viewpoints, the overall conclusion is that the water-insoluble CPT analogues are very promising antileukaemia/antilymphoma agents that warrant further preclinical and clinical studies.

CONTROLLED TERM: Check Tags: Animal; Human; Support, Non-U.S. Gov't
Antineoplastic Agents, Phytogenic: PK, pharmacokinetics
*Antineoplastic Agents, Phytogenic: PD, pharmacology
Antineoplastic Combined Chemotherapy Protocols: PD, pharmacology
Apoptosis: DE, drug effects
Biotransformation
*Camptothecin: AA, analogs & derivatives
Camptothecin: PK, pharmacokinetics
***Camptothecin: PD, pharmacology**
Cell Differentiation: DE, drug effects
DNA Topoisomerases, Type I: AI, antagonists & inhibitors
DNA Topoisomerases, Type I: ME, metabolism
Drug Resistance, Neoplasm
***Leukemia: DT, drug therapy**
Leukemia: PA, pathology
Leukemia, Experimental: PA, pathology
***Lymphoma: DT, drug therapy**
Lymphoma: PA, pathology
Mice
Phosphorylation
Solubility
Tumor Cells, Cultured: DE, drug effects
Tumor Cells, Cultured: PA, pathology

CAS REGISTRY NO.: 7689-03-4 (Camptothecin)

CHEMICAL NAME: 0 (Antineoplastic Agents, Phytogenic); 0 (Antineoplastic Combined Chemotherapy Protocols); EC 5.99.1.2 (DNA Topoisomerases, Type I)

L12 ANSWER 67 OF 68 MEDLINE on STN

ACCESSION NUMBER: 96018114 MEDLINE

DOCUMENT NUMBER: 96018114 PubMed ID: 7551927

TITLE: Camptothecin analogues in the treatment of non-small cell lung cancer.

AUTHOR: Ardizzoni A

CORPORATE SOURCE: Department of Medical Oncology I, Istituto Nazionale per la Ricerca sul Cancro, Genoa, Italy.

SOURCE: LUNG CANCER, (1995 Apr) 12 Suppl 1 S177-85. Ref: 19
Journal code: 8800805. ISSN: 0169-5002.

PUB. COUNTRY: Ireland

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 199510

ENTRY DATE: Entered STN: 19951227
Last Updated on STN: 19980206
Entered Medline: 19951030

ABSTRACT:

Camptothecin is a natural product derived from the Oriental tree Camptotheca acuminata which has shown activity in a number of experimental tumors. Its clinical development was halted in the early-70s owing to its unpredictable and formidable toxicities. Two water-soluble camptothecin analogs have been synthesized recently and are currently in clinical trials: topotecan and CPT-11. Camptothecin and its derivatives are unique in that they represent the only family of topoisomerase I inhibitors. Topoisomerase I is a nuclear enzyme which modulates the topological structure of DNA by making transient single-stranded breaks. Pre-clinical studies have shown that CPT-11 and topotecan possess high and broad antitumor activity against a variety of experimental tumors including both non-small cell lung cancer (NSCLC) and small cell lung cancer. Lack of cross-resistance with most classical anticancer agents has been also demonstrated. Phase I studies have identified neutropenia to be the dose-limiting toxicity for topotecan while, for CPT-11, either neutropenia or diarrhoea were dose-limiting. Maximum Tolerated Doses (MTD) of both agents are greatly dependent upon the schedule used. A Phase II Japanese study of CPT-11 in advanced untreated NSCLC has been recently published. Given at the dose of 100 mg/m2 as a 90-min infusion, CPT-11 produced a 32% objective response rate out of 72 assessable untreated patients. Similar studies are in progress with topotecan. The same Japanese group has completed Phase I-II studies on the combination of CPT-11 with cisplatin. The optimal dose of CPT-11, which can be safely combined with cisplatin 80 mg/m2, was found to be 60 mg/m2.(ABSTRACT TRUNCATED AT 250 WORDS)

CONTROLLED TERM: Check Tags: Human
Antineoplastic Agents: CH, chemistry
*Antineoplastic Agents: TU, therapeutic use
*Camptothecin: AA, analogs & derivatives
Camptothecin: CH, chemistry
***Camptothecin: TU, therapeutic use**
***Carcinoma, Non-Small-Cell Lung: DT, drug therapy**
Clinical Trials, Phase I
Drug Evaluation, Preclinical
***Lung Neoplasms: DT, drug therapy**
Topotecan

CAS REGISTRY NO.: 123948-87-8 (Topotecan); 7689-03-4 (Camptothecin)
CHEMICAL NAME: 0 (Antineoplastic Agents)

L12 ANSWER 68 OF 68 MEDLINE on STN
ACCESSION NUMBER: 93104043 MEDLINE
DOCUMENT NUMBER: 93104043 PubMed ID: 1361358
TITLE: New anticancer agents: taxol, camptothecin analogs, and anthrapyrazoles.
COMMENT: Erratum in: Oncology (Huntingt) 1993 Mar;7(3):105
AUTHOR: Hawkins M J
CORPORATE SOURCE: Department of Medicine, Georgetown University Medical Center, Lombardi Cancer Research Center, Washington, DC.
SOURCE: ONCOLOGY, (1992 Dec) 6 (12) 17-23; discussion 27-30. Ref: 52
Journal code: 8712059. ISSN: 0890-9091.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199301
ENTRY DATE: Entered STN: 19930212
Last Updated on STN: 19950206
Entered Medline: 19930128

ABSTRACT:
Taxol, an agent with a unique mechanism of action, has been shown to be highly active in patients with refractory ovarian cancer and may well have significant activity in other malignancies such as breast and lung cancer. The

camptothecin analogs, another unique class of agents, have demonstrated antitumor activity in phase I and II trials. Finally, the anthrapyrazoles are intercalating agents with clinical activity in breast cancer and a toxicity profile that may permit increased dose intensity using colony-stimulating factor support. While this review focuses on these three drug classes, a number of other agents with apparently unique mechanisms of antitumor activity and unusual dose-limiting toxicities are in earlier development. These include antimetabolites; inhibitors of DNA, RNA, or protein synthesis; differentiating agents; agents that inhibit tumor growth by binding to growth factors; and agents whose mechanism of action is best classified as unknown.

CONTROLLED TERM: Check Tags: Female; Human
Antibiotics, Anthracycline: AE, adverse effects
Antibiotics, Anthracycline: ME, metabolism
*Antibiotics, Anthracycline: PD, pharmacology
Antibiotics, Anthracycline: TU, therapeutic use
Antibiotics, Antineoplastic: AE, adverse effects
Antibiotics, Antineoplastic: ME, metabolism
*Antibiotics, Antineoplastic: PD, pharmacology
Antibiotics, Antineoplastic: TU, therapeutic use
Breast Neoplasms: DT, drug therapy
Camptothecin: AE, adverse effects
*Camptothecin: AA, analogs & derivatives
Camptothecin: ME, metabolism
Camptothecin: PK, pharmacokinetics
***Camptothecin: PD, pharmacology**
Clinical Trials, Phase II
***Ovarian Neoplasms: DT, drug therapy**
Paclitaxel: AE, adverse effects
Paclitaxel: ME, metabolism
Paclitaxel: PK, pharmacokinetics
*Paclitaxel: PD, pharmacology
Paclitaxel: TU, therapeutic use

CAS REGISTRY NO.: 33069-62-4 (Paclitaxel); 7689-03-4 (Camptothecin); 91440-30-1 (anthrapyrazole)

CHEMICAL NAME: 0 (Antibiotics, Anthracycline); 0 (Antibiotics, Antineoplastic)

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=> d que l15
L2            1 SEA FILE=REGISTRY ABB=ON  CELECOXIB/CN
L5          675 SEA FILE=MEDLINE ABB=ON  L2
L6         8161 SEA FILE=MEDLINE ABB=ON  CYCLOOXYGENASE INHIBITORS/CT
L7       208424 SEA FILE=MEDLINE ABB=ON  C4./CT(L)(PC OR DT)/CT
L11      967243 SEA FILE=MEDLINE ABB=ON  GENERAL REVIEW/DT
L13        5618 SEA FILE=MEDLINE ABB=ON  L6(L)(TU OR AD OR PD OR PK)/CT
L14          64 SEA FILE=MEDLINE ABB=ON  L5 AND L13 AND L7
L15          17 SEA FILE=MEDLINE ABB=ON  L11 AND L14

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L15  ANSWER 1 OF 17     MEDLINE on STN
ACCESSION NUMBER:    2003336621     MEDLINE
DOCUMENT NUMBER:     22750927   PubMed ID: 12868200
TITLE:               [Coxibs: highly selective cyclooxygenase-2 inhibitors. Part
                     I. Clinical efficacy].
                     Koksiby--wysoce selektywne inhibitory cyklooksygenazy-2.
                     Czesc I. Aktywnosc kliniczna.
AUTHOR:              Burdan Franciszek; Korobowicz Agnieszka
CORPORATE SOURCE:    Pracownia Teratologii Doswiadczalnej, Katedrze i Zakladzie
                     Anatomii Prawidlowej Czlowieka Akademii Medycznej w
                     Lublinie.. fb3@wp.pl
SOURCE:              POLSKI MERKURIUSZ LEKARSKI, (2003 Apr) 14 (82) 348-51.
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Ref: 35
Journal code: 9705469. ISSN: 1426-9686.
PUB. COUNTRY: Poland
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, ACADEMIC)
LANGUAGE: Polish
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200309
ENTRY DATE: Entered STN: 20030719
Last Updated on STN: 20030925
Entered Medline: 20030924

ABSTRACT:
Slow, time-dependent, irreversible, highly selective inhibitors of COX-2 (coxibs) have been used for the treatment of osteoarthritis and rheumatoid arthritis, as well as other disease entities such as acute pain, fever, neoplastic changes, and Alzheimer's disease, the pathomechanism of which is dependent on the coexisting inflammatory process or overexpression of cyclo-oxygenase (COX) genes. The article presents current state of knowledge about the clinical efficacy of coxibs (celecoxib, rofecoxib) compared to non-selective COX inhibitors. The physiology and pathophysiology of both COX isoforms (COX-1, COX-2) are also discussed.

CONTROLLED TERM: Check Tags: Human
*Alzheimer Disease: DT, drug therapy
***Cyclooxygenase Inhibitors: TU, therapeutic use**
English Abstract
*Fever: DT, drug therapy
*Isoenzymes: AI, antagonists & inhibitors
***Neoplasms: DT, drug therapy**
*Pain: DT, drug therapy
Prostaglandin-Endoperoxide Synthase
*Sulfonamides: PD, pharmacology
*Sulfonamides: TU, therapeutic use
CAS REGISTRY NO.: **169590-42-5 (celecoxib)**
CHEMICAL NAME: 0 (Cyclooxygenase Inhibitors); 0 (Isoenzymes); 0 (Sulfonamides); EC 1.14.99.- (cyclooxygenase 2); EC 1.14.99.1 (Prostaglandin-Endoperoxide Synthase)

L15 ANSWER 2 OF 17 MEDLINE on STN
ACCESSION NUMBER: 2003272961 MEDLINE
DOCUMENT NUMBER: 22684337 PubMed ID: 12798395
TITLE: Carcinogenesis and cyclooxygenase: the potential role of COX-2 inhibition in upper aerodigestive tract cancer.
AUTHOR: Mohan Sivani; Epstein Joel B
CORPORATE SOURCE: Department of Oral Medicine, University of Washington, Seattle, WA, USA.
SOURCE: ORAL ONCOLOGY, (2003 Sep) 39 (6) 537-46. Ref: 131
Journal code: 9709118. ISSN: 1368-8375.
PUB. COUNTRY: England: United Kingdom
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, ACADEMIC)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200309
ENTRY DATE: Entered STN: 20030612
Last Updated on STN: 20030930
Entered Medline: 20030929

ABSTRACT:
Cyclooxygenase-2 (COX-2) is upregulated in a number of epithelial cancers, including in upper aerodigestive tract (UADT) premalignant and malignant lesions. The purpose of this review is to provide a comprehensive examination of the potential of COX-2 inhibition in prevention of UADT premalignant and

malignant disease. A Medline and Cancerlit literature search was conducted for the period 1993-2002, and identified literature was reviewed. There is evidence from in vitro studies, as well as animal models, that inhibition of COX-2 may suppress carcinogenesis by affecting a number of pathways of carcinogenesis, promoting apoptosis and inhibiting angiogenesis. Preliminary studies of gastro-intestinal (GI) carcinogenesis suggest that COX-2 inhibitors may represent an approach to the chemoprevention of epithelial cancers. COX-2 inhibitors may have a potential role in chemoprevention of UADT cancer, and clinical trials appear warranted.

CONTROLLED TERM: Check Tags: Animal; Human
Anti-Inflammatory Agents, Non-Steroidal: TU, therapeutic use
Apoptosis
***Carcinoma, Squamous Cell: DT, drug therapy**
Carcinoma, Squamous Cell: EN, enzymology
Carcinoma, Squamous Cell: PA, pathology
***Cyclooxygenase Inhibitors: TU, therapeutic use**
Enzyme Induction
Epithelial Cells: EN, enzymology
***Head and Neck Neoplasms: DT, drug therapy**
Head and Neck Neoplasms: EN, enzymology
Head and Neck Neoplasms: PA, pathology
Isoenzymes: ME, metabolism
Models, Animal
Mouth Neoplasms: DT, drug therapy
Mouth Neoplasms: EN, enzymology
Mouth Neoplasms: PA, pathology
Neovascularization, Pathologic: PC, prevention & control
***Precancerous Conditions: DT, drug therapy**
Precancerous Conditions: EN, enzymology
Precancerous Conditions: PA, pathology
Prostaglandin-Endoperoxide Synthase: ME, metabolism
Randomized Controlled Trials
Sulfonamides: TU, therapeutic use
Tumor Markers, Biological: ME, metabolism

CAS REGISTRY NO.: **169590-42-5 (celecoxib)**

CHEMICAL NAME: 0 (Anti-Inflammatory Agents, Non-Steroidal); 0 (Cyclooxygenase Inhibitors); 0 (Isoenzymes); 0 (Sulfonamides); 0 (Tumor Markers, Biological); EC 1.14.99.- (cyclooxygenase 2); EC 1.14.99.1 (Prostaglandin-Endoperoxide Synthase)

L15 ANSWER 3 OF 17 MEDLINE on STN

ACCESSION NUMBER: 2003208867 MEDLINE

DOCUMENT NUMBER: 22615443 PubMed ID: 12730704

TITLE: Selective COX-2 inhibitors as chemopreventive and therapeutic agents.

AUTHOR: Grossman H Barton

CORPORATE SOURCE: Department of Urology, The University of Texas M.D. Anderson Cancer Center, Houston, Texas, USA.. hbgrossman@mdanderson.org

SOURCE: Drugs Today (Barc), (2003 Mar) 39 (3) 203-12. Ref: 74
Journal code: 101160518. ISSN: 0025-7656.

PUB. COUNTRY: Spain

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 200309

ENTRY DATE: Entered STN: 20030506
Last Updated on STN: 20030905
Entered Medline: 20030904

ABSTRACT:
Selective cyclooxygenase-2 (COX-2) inhibitors have received increasing attention for their role in the prevention and treatment of cancer. Considerable preclinical data support this use. Furthermore, clinical studies have shown that this enzyme is upregulated in a variety of premalignant and malignant states and that its inhibition can decrease colon polyp formation in patients with familial adenomatous polyposis. A number of studies are now investigating the use of COX-2 inhibitors to prevent or treat a number of different cancers. These ongoing trials will determine whether these agents are useful in the treatment of cancer.

CONTROLLED TERM: Check Tags: Animal; Human
Clinical Trials
***Cyclooxygenase Inhibitors: TU, therapeutic use**
*Isoenzymes
Isoenzymes: AI, antagonists & inhibitors
Isoenzymes: ME, metabolism
Isoenzymes: PH, physiology
*Neoplasms
Neoplasms: EN, enzymology
Neoplasms: PC, prevention & control
*Prostaglandin-Endoperoxide Synthase
Prostaglandin-Endoperoxide Synthase: ME, metabolism
Prostaglandin-Endoperoxide Synthase: PH, physiology
Sulfonamides: TU, therapeutic use

CAS REGISTRY NO.: **169590-42-5 (celecoxib)**

CHEMICAL NAME: 0 (Cyclooxygenase Inhibitors); 0 (Isoenzymes); 0 (Sulfonamides); EC 1.14.99.- (cyclooxygenase 2); EC 1.14.99.1 (Prostaglandin-Endoperoxide Synthase)

L15 ANSWER 4 OF 17 MEDLINE on STN
ACCESSION NUMBER: 2003059682 MEDLINE
DOCUMENT NUMBER: 22457447 PubMed ID: 12570027
TITLE: Do selective cyclo-oxygenase inhibitors eliminate the adverse events associated with nonsteroidal anti-inflammatory drug therapy?.
AUTHOR: Deviere Jacques
CORPORATE SOURCE: Department of Gastroenterology, University Hospital Erasme, Route de Lennik 808, Brussels 1070, Belgium.. jdeviere@ulb.ac.be
SOURCE: EUROPEAN JOURNAL OF GASTROENTEROLOGY AND HEPATOLOGY, (2002 Sep) 14 Suppl 1 S29-33. Ref: 41
Journal code: 9000874. ISSN: 0954-691X.
PUB. COUNTRY: England: United Kingdom
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200303
ENTRY DATE: Entered STN: 20030207
Last Updated on STN: 20030306
Entered Medline: 20030305

ABSTRACT:
Among the most widely prescribed drugs worldwide, non-steroidal anti-inflammatory drugs (NSAIDs) are effective for relieving pain, but they are also associated with a high incidence of gastrointestinal (GI) adverse events. Both the beneficial and harmful effects of NSAIDs result from inhibition of the cyclo-oxygenase (COX) enzyme. Recognition of the two distinct COX isoforms prompted development of drugs that selectively block the activity of COX-2, thus providing pain relief and reducing inflammation while sparing COX-1, the enzyme apparently responsible for most protective prostaglandin synthesis in the mucosa of the stomach and duodenum. The results of preclinical and clinical studies indicate that COX-2 inhibitors exhibit high selectivity in

inhibiting COX-2, provide excellent pain relief, and cause significantly less GI toxicity than do conventional nonselective NSAIDs. Although they represent a significant advance over nonselective NSAIDs, selective COX-2 inhibitors are not without limitations. They do not completely eliminate GI toxicity or the renal side effects associated with use of conventional NSAIDs. Moreover, in cases of inflammation or ulceration in the GI tract, COX-2 inhibition may delay ulcer healing. Finally, case reports and the results of animal experiments suggest that COX-2 inhibitors may adversely affect ovulation and cause a tendency towards prothrombotic events.

CONTROLLED TERM: Check Tags: Human
Alzheimer Disease: DT, drug therapy
*Anti-Inflammatory Agents, Non-Steroidal: AE, adverse effects
***Cyclooxygenase Inhibitors: TU, therapeutic use**
Lactones: TU, therapeutic use
Neoplasms: DT, drug therapy
Sulfonamides: TU, therapeutic use
Thiazines: TU, therapeutic use
Thiazoles: TU, therapeutic use

CAS REGISTRY NO.: **169590-42-5 (celecoxib)**; 51803-78-2 (nimesulide); 71125-38-7 (meloxicam)

CHEMICAL NAME: 0 (Anti-Inflammatory Agents, Non-Steroidal); 0 (Cyclooxygenase Inhibitors); 0 (Lactones); 0 (Sulfonamides); 0 (Thiazines); 0 (Thiazoles); 0 (rofecoxib)

L15 ANSWER 5 OF 17 MEDLINE on STN
ACCESSION NUMBER: 2002396091 MEDLINE
DOCUMENT NUMBER: 22140024 PubMed ID: 12145422
TITLE: Chemoprevention in colorectal neoplasias: what is practical and feasible?.
AUTHOR: Ricciardiello Luigi; Roda Enrico; Bazzoli Franco
CORPORATE SOURCE: Dipartimento di Medicina Interna e Gastroenterologia, Universita di Bologna, Italy.
SOURCE: DIGESTIVE DISEASES, (2002) 20 (1) 70-2. Ref: 20
Journal code: 8701186. ISSN: 0257-2753.
PUB. COUNTRY: Switzerland
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200210
ENTRY DATE: Entered STN: 20020730
Last Updated on STN: 20021003
Entered Medline: 20021002

ABSTRACT:
Chemoprevention strategies for colorectal cancer have gained increasing attention. Despite contradictory data regarding the use of micronutrients and antioxidant vitamins as chemopreventive tools, the identification of cyclooxygenase 2 (COX-2) upregulation in colorectal adenomas has led to the development of new drugs, named COX-2 inhibitors, that directly target the molecular mechanism of carcinogenesis. Celecoxib, one of the two COX-2 inhibitors available on the market, has been approved for chemoprevention of familial adenomatous polyposis. In the future, we might expect these drugs to be used in the prevention of colon cancer in patients at increased risk, such as those with a positive family history.

CONTROLLED TERM: Check Tags: Human
Anti-Inflammatory Agents, Non-Steroidal: TU, therapeutic use
Chemoprevention
***Colorectal Neoplasms: PC, prevention & control**
***Cyclooxygenase Inhibitors: TU, therapeutic use**

Sulfonamides: TU, therapeutic use
CAS REGISTRY NO.: **169590-42-5 (celecoxib)**
CHEMICAL NAME: 0 (Anti-Inflammatory Agents, Non-Steroidal); 0 (Cyclooxygenase Inhibitors); 0 (Sulfonamides)

L15 ANSWER 6 OF 17 MEDLINE on STN
ACCESSION NUMBER: 2002331182 MEDLINE
DOCUMENT NUMBER: 22068842 PubMed ID: 12074318
TITLE: Reducing the risk of colorectal cancer by intervening in the process of carcinogenesis: a status report.
AUTHOR: Alberts David S
CORPORATE SOURCE: Cancer Prevention and Control, Arizona Cancer Center, University of Arizona, Tucson 85724, USA.
SOURCE: CANCER JOURNAL, (2002 May-Jun) 8 (3) 208-21. Ref: 128
Journal code: 100931981. ISSN: 1528-9117.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, ACADEMIC)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200302
ENTRY DATE: Entered STN: 20020621
Last Updated on STN: 20030211
Entered Medline: 20030210
ABSTRACT:
Risk factors for colorectal cancer have been identified, and significant advances have been made in understanding the process of colorectal carcinogenesis. The transition from normal colonic mucosa to adenomatous polyp to adenocarcinoma is a gradual process involving genetic and epigenetic instability that can take decades, offering numerous opportunities for early detection (e.g., colonoscopy screenings), lifestyle changes (e.g., reduced red meat intake, increased physical activity, and reduced alcohol/ tobacco exposure), and chemopreventive interventions. Aspirin and various other nonsteroidal anti-inflammatory drugs may have chemopreventive benefits for colorectal cancer and other human epithelial carcinomas, butthe long-term use of nonsteroidal anti-inflammatory drugs is associated with serious gastrointestinal side effects. Recently, overexpression of cyclooxygenase-2 has been documented in colorectal tumors and numerous other pre-cancers and cancers. The development of selective cyclooxygenase-2 inhibitors, such as celecoxib, provides an opportunity for preventive intervention in the carcinogenic process. Celecoxib has been approved for the management of familial adenomatous polyposis and is under investigation for the management of sporadic colorectal polyps and for its potential as a chemopreventive agent for other cancers.
CONTROLLED TERM: Check Tags: Human
Anti-Inflammatory Agents, Non-Steroidal: TU, therapeutic use
Clinical Trials, Phase III
***Colorectal Neoplasms: PC, prevention & control**
Cyclooxygenase Inhibitors: TU, therapeutic use
Prognosis
Risk Factors
Sulfonamides: TU, therapeutic use
CAS REGISTRY NO.: **169590-42-5 (celecoxib)**
CHEMICAL NAME: 0 (Anti-Inflammatory Agents, Non-Steroidal); 0 (Cyclooxygenase Inhibitors); 0 (Sulfonamides)

L15 ANSWER 7 OF 17 MEDLINE on STN
ACCESSION NUMBER: 2002274257 MEDLINE
DOCUMENT NUMBER: 22009022 PubMed ID: 12014863
TITLE: Celecoxib with chemotherapy in colorectal cancer.
AUTHOR: Blanke Charles D

CORPORATE SOURCE: Oregon Health Sciences University, Portland 97201, USA.
SOURCE: ONCOLOGY, (2002 Apr) 16 (4 Suppl 3) 17-21. Ref: 32
Journal code: 8712059. ISSN: 0890-9091.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200211
ENTRY DATE: Entered STN: 20020517
Last Updated on STN: 20021211
Entered Medline: 20021107

ABSTRACT:
Cyclooxygenase-2 (COX-2) is the enzyme that normally synthesizes prostaglandins during an inflammatory response. Many primary and metastatic cancers express COX-2, and its presence is correlated with tumor angiogenesis, more invasive tumor phenotype, resistance to apoptosis, and systemic immunosuppression. The expression of COX-2 is associated with a worse prognosis. Inhibition of prostaglandin synthesis may be beneficial in human malignancy. Regular consumption of nonsteroidal anti-inflammatory drugs (NSAIDs) decreases the incidence of, and mortality rate resulting from, a number of types of gastrointestinal cancers. Premalignant colonic lesions regress following the administration of nonspecific COX inhibitors, such as sulindac (Clinoril). Advanced solid tumor patients treated with indomethacin (Indocin) survive twice as long as do such patients who receive supportive care alone. The U.S. Food and Drug Administration has approved specific COX-2 inhibitors for the treatment of arthritis, pain, and familial adenomatous polyposis. Preclinical studies show that these drugs block angiogenesis, suppress solid tumor metastases, and slow the growth of implanted gastrointestinal cancer cell lines. The COX-2 inhibitors have safely and effectively been combined with chemotherapeutic agents in experimental studies. Ongoing clinical trials are currently assessing the potential therapeutic role of COX-2 inhibitors in both prevention and treatment of a diverse range of human cancers.

CONTROLLED TERM: Check Tags: Human
*Anti-Inflammatory Agents, Non-Steroidal: TU, therapeutic use
*Antineoplastic Agents: TU, therapeutic use
Clinical Trials
***Colorectal Neoplasms: DT, drug therapy**
Colorectal Neoplasms: EN, enzymology
***Cyclooxygenase Inhibitors: TU, therapeutic use**
Gene Expression Regulation, Enzymologic
Gene Expression Regulation, Neoplastic
*Isoenzymes: AI, antagonists & inhibitors
Isoenzymes: ME, metabolism
Prostaglandin-Endoperoxide Synthase: ME, metabolism
*Sulfonamides: TU, therapeutic use
CAS REGISTRY NO.: **169590-42-5 (celecoxib)**
CHEMICAL NAME: 0 (Anti-Inflammatory Agents, Non-Steroidal); 0 (Antineoplastic Agents); 0 (Cyclooxygenase Inhibitors); 0 (Isoenzymes); 0 (Sulfonamides); EC 1.14.99.- (cyclooxygenase 2); EC 1.14.99.1 (Prostaglandin-Endoperoxide Synthase)

L15 ANSWER 8 OF 17 MEDLINE on STN
ACCESSION NUMBER: 2002241414 MEDLINE
DOCUMENT NUMBER: 21975751 PubMed ID: 11978897
TITLE: Translational medicine: targetting cyclo-oxygenase isozymes to prevent cancer.
AUTHOR: Sharma R A
CORPORATE SOURCE: Oncology Department, University of Leicester, Leicester Royal Infirmary, UK.. ras20@le.ac.uk

SOURCE: QJM, (2002 May) 95 (5) 267-73. Ref: 43
Journal code: 9438285. ISSN: 1460-2725.
PUB. COUNTRY: England: United Kingdom
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200206
ENTRY DATE: Entered STN: 20020430
Last Updated on STN: 20030318
Entered Medline: 20020625
CONTROLLED TERM: Check Tags: Human; Support, Non-U.S. Gov't
Arachidonic Acid: ME, metabolism
Aspirin: PD, pharmacology
Aspirin: TU, therapeutic use
Cardiovascular Diseases: PC, prevention & control
Cyclooxygenase Inhibitors: PD, pharmacology
***Cyclooxygenase Inhibitors: TU, therapeutic use**
Drug Design
Isoenzymes: AI, antagonists & inhibitors
Isoenzymes: ME, metabolism
Lactones: TU, therapeutic use
***Neoplasms: PC, prevention & control**
Prostaglandin-Endoperoxide Synthase: ME, metabolism
Prostaglandins: BI, biosynthesis
Randomized Controlled Trials
Sulfonamides: TU, therapeutic use
CAS REGISTRY NO.: **169590-42-5 (celecoxib)**; 50-78-2 (Aspirin);
506-32-1 (Arachidonic Acid)
CHEMICAL NAME: 0 (Cyclooxygenase Inhibitors); 0 (Isoenzymes); 0
(Lactones); 0 (Prostaglandins); 0 (Sulfonamides); 0
(rofecoxib); EC 1.14.99.- (cyclooxygenase 1); EC 1.14.99.-
(cyclooxygenase 2); EC 1.14.99.1 (Prostaglandin-
Endoperoxide Synthase)

L15 ANSWER 9 OF 17 MEDLINE on STN
ACCESSION NUMBER: 2002237715 MEDLINE
DOCUMENT NUMBER: 21970483 PubMed ID: 11973925
TITLE: [New anti-inflammatory analgetics--are they needed?].
Uudet tulehduskipulaakkeet--tarvitaanko niita?.
AUTHOR: Paakkari I
CORPORATE SOURCE: Helsingin yliopiston biolaaketieteen laitos, farmakologian
ja toksikologian osasto PL 8, 00014 Helsingin yliopisto..
ilari.paakkari@helsinki.fi
SOURCE: DUODECIM, (1999) 115 (20) 2217-24. Ref: 43
Journal code: 0373207. ISSN: 0012-7183.
PUB. COUNTRY: Finland
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: Finnish
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200205
ENTRY DATE: Entered STN: 20020429
Last Updated on STN: 20020511
Entered Medline: 20020510
CONTROLLED TERM: Check Tags: Human
Anti-Inflammatory Agents, Non-Steroidal: AE, adverse
effects
Anti-Inflammatory Agents, Non-Steroidal: PD, pharmacology
*Anti-Inflammatory Agents, Non-Steroidal: TU, therapeutic
use

Colorectal Neoplasms: PC, prevention & control
Cyclooxygenase Inhibitors: AE, adverse effects
Cyclooxygenase Inhibitors: PD, pharmacology
***Cyclooxygenase Inhibitors: TU, therapeutic use**
Intestinal Mucosa: DE, drug effects
Isoenzymes: ME, metabolism
Kidney: DE, drug effects
Lactones: AE, adverse effects
Lactones: PD, pharmacology
Lactones: TU, therapeutic use
Prostaglandin-Endoperoxide Synthase: ME, metabolism
Sulfonamides: AE, adverse effects
Sulfonamides: PD, pharmacology
Sulfonamides: TU, therapeutic use

CAS REGISTRY NO.: **169590-42-5 (celecoxib)**
CHEMICAL NAME: 0 (Anti-Inflammatory Agents, Non-Steroidal); 0 (Cyclooxygenase Inhibitors); 0 (Isoenzymes); 0 (Lactones); 0 (Sulfonamides); 0 (rofecoxib); EC 1.14.99.- (cyclooxygenase 2); EC 1.14.99.1 (Prostaglandin-Endoperoxide Synthase)

L15 ANSWER 10 OF 17 MEDLINE on STN
ACCESSION NUMBER: 2002227712 MEDLINE
DOCUMENT NUMBER: 21961581 PubMed ID: 11965228
TITLE: Celecoxib: a specific COX-2 inhibitor with anticancer properties.
AUTHOR: Koki Alane T; Masferrer Jaime L
CORPORATE SOURCE: Pharmacia Corporation, Chesterfield, MO 63017, USA.. alane.t.koki@pharmacia.com
SOURCE: CANCER CONTROL, (2002 Mar-Apr) 9 (2 Suppl) 28-35. Ref: 106
Journal code: 9438457. ISSN: 1073-2748.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200206
ENTRY DATE: Entered STN: 20020420
Last Updated on STN: 20020614
Entered Medline: 20020613

ABSTRACT:
In addition to the well-established pathophysiological role that COX-2 plays in inflammation, recent evidence implies that this isoform may also be involved in multiple biologic events throughout the tumorigenic process. Many epidemiological studies demonstrate that nonsteroidal anti-inflammatory drugs (NSAIDs) reduce the risk of a wide range of tumors. Further, COX-2 is chronically overexpressed in many premalignant, malignant, and metastatic human cancers, and levels of overexpression have been shown to significantly correlate to invasiveness, prognosis, and survival in some cancers. Pharmacological studies consistently demonstrate that COX-2 inhibitors dose-dependently inhibit tumor growth and metastasis in various relevant animal models of cancer. Importantly, several investigators have also shown COX-2 inhibitors may act additively or synergistically with currently used cytotoxics and molecularly targeted agents. Here we present a broad overview of the growing evidence that COX-2 plays a pivotal role throughout oncogenesis and summarize the rationale to explore the use of COX-2 inhibitors for the prevention and/or treatment of cancer as a single agent or in combination with current anticancer modalities.

CONTROLLED TERM: Check Tags: Animal; Human
*Anti-Inflammatory Agents, Non-Steroidal: PD, pharmacology
Anti-Inflammatory Agents, Non-Steroidal: TU, therapeutic use

*Anticarcinogenic Agents: PD, pharmacology
*Antineoplastic Agents: PD, pharmacology
***Cyclooxygenase Inhibitors: PD, pharmacology**
Disease Models, Animal
Gene Expression Regulation, Enzymologic
Gene Expression Regulation, Neoplastic
*Isoenzymes: AI, antagonists & inhibitors
***Neoplasms: DT, drug therapy**
Neoplasms: PC, prevention & control
Prognosis
Prostaglandin-Endoperoxide Synthase
Receptor, erbB-2: DE, drug effects
*Sulfonamides: PD, pharmacology
CAS REGISTRY NO.: **169590-42-5 (celecoxib)**
CHEMICAL NAME: 0 (Anti-Inflammatory Agents, Non-Steroidal); 0 (Anticarcinogenic Agents); 0 (Antineoplastic Agents); 0 (Cyclooxygenase Inhibitors); 0 (Isoenzymes); 0 (Sulfonamides); EC 1.14.99.- (cyclooxygenase 2); EC 1.14.99.1 (Prostaglandin-Endoperoxide Synthase); EC 2.7.1.112 (Receptor, erbB-2)

L15 ANSWER 11 OF 17 MEDLINE on STN
ACCESSION NUMBER: 2002066421 MEDLINE
DOCUMENT NUMBER: 21651722 PubMed ID: 11793634
TITLE: Celecoxib as adjunctive therapy for treatment of colorectal cancer.
AUTHOR: North G L
CORPORATE SOURCE: School of Pharmacy, University of Montana, Missoula, MT, USA.. gnorth@northbay.org
SOURCE: ANNALS OF PHARMACOTHERAPY, (2001 Dec) 35 (12) 1638-43.
Ref: 17
Journal code: 9203131. ISSN: 1060-0280.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW LITERATURE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200206
ENTRY DATE: Entered STN: 20020125
Last Updated on STN: 20020612
Entered Medline: 20020611

ABSTRACT:
OBJECTIVE: To describe the role of celecoxib as adjunctive therapy in the treatment of familial adenomatous polyposis (FAP), an inherited autosomal dominant predisposition syndrome for colorectal cancer. DATA SOURCES: Literature was evaluated through MEDLINE search (1995-March 2000) and through secondary sources, using the search terms celecoxib, cyclooxygenase-2 inhibitors, and familial adenomatous polyps. DATA SYNTHESIS: Observational studies have found a decreased rate of colorectal cancer in people who regularly took aspirin or other nonsteroidal antiinflammatory drugs (NSAIDs). The Food and Drug Administration granted accelerated approval in December 1999 for the NSAID celecoxib, a selective cyclooxygenase-2 (COX-2) inhibitor, for adjunctive therapy in patients with FAP, based on a six-month, randomized, controlled clinical trial. CONCLUSIONS: Aspirin and other NSAIDs reduce the incidence of colorectal cancer in the general population. Limited clinical studies in patients with FAP using nonaspirin NSAIDs have shown a reduction in polyp burden. A current clinical trial using celecoxib has also shown a reduction in polyp burden in patients with FAP. The long-term clinical impact of using a selective COX-2 inhibitor is not known, since celecoxib has not been studied beyond six months in patients with FAP. By reducing the polyp burden in FAP patients, celecoxib may be useful as adjunctive chemotherapy, in addition to routine endoscopic surveillance and surgery.

CONTROLLED TERM: Check Tags: Female; Human; Male
*Adenomatous Polyposis Coli
Adenomatous Polyposis Coli: CO, complications
Adenomatous Polyposis Coli: DT, drug therapy
*Anti-Inflammatory Agents, Non-Steroidal: TU, therapeutic use
*Aspirin: TU, therapeutic use
Chemotherapy, Adjuvant
*Colorectal Neoplasms
Colorectal Neoplasms: DT, drug therapy
Colorectal Neoplasms: ET, etiology
Colorectal Neoplasms: PC, prevention & control
Cyclooxygenase Inhibitors: AE, adverse effects
***Cyclooxygenase Inhibitors: TU, therapeutic use**
Randomized Controlled Trials
Sulfonamides: AE, adverse effects
*Sulfonamides: TU, therapeutic use
CAS REGISTRY NO.: **169590-42-5 (celecoxib)**; 50-78-2 (Aspirin)
CHEMICAL NAME: 0 (Anti-Inflammatory Agents, Non-Steroidal); 0 (Cyclooxygenase Inhibitors); 0 (Sulfonamides)

L15 ANSWER 12 OF 17 MEDLINE on STN
ACCESSION NUMBER: 2002053265 MEDLINE
DOCUMENT NUMBER: 21637359 PubMed ID: 11779086
TITLE: Approach to angiogenesis inhibition based on cyclooxygenase-2.
AUTHOR: Masferrer J
CORPORATE SOURCE: Pharmacia Corporation, St. Louis, Missouri 63167, USA.
SOURCE: CANCER JOURNAL, (2001 Nov-Dec) 7 Suppl 3 S144-50. Ref: 38
Journal code: 100931981. ISSN: 1528-9117.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200203
ENTRY DATE: Entered STN: 20020125
Last Updated on STN: 20020321
Entered Medline: 20020320

ABSTRACT:
Two cyclooxygenase (COX) isoforms have been identified: COX-1 and COX-2. COX-1 is the constitutively expressed form of the enzyme and is ubiquitous in its distribution. COX-2 is inducible and is present in inflammatory foci, tumors, and neovasculature. Expression of COX-2 appears to be important in tumor promotion, growth, and metastasis. It is up-regulated in a variety of premalignant disorders and malignancies. COX inhibitors have a major role in the treatment of inflammation and pain. Epidemiologic evidence in patients who take nonsteroidal anti-inflammatory drugs links COX inhibition with decreases in malignant esophageal, stomach, colon, lung, and breast tumors. Nonselective COX inhibitors have demonstrated efficacy in control of familial adenomatous polyposis, a disorder associated with the development of thousands of benign intestinal polyps. The selective COX-2 inhibitor celecoxib (Celebrex, Pharmacia) has been shown to reduce the number of adenomatous colorectal polyps in familial adenomatous polyposis as an adjunct to usual care. Celecoxib has recently been approved for this indication and offers the potential for equivalent or greater efficacy than that seen with nonselective COX inhibitors but without the gastrointestinal mucosal toxicity and the inhibition of platelet function associated with those agents. Angiogenesis is a feature of both benign and malignant disease. Because COX-2 is up-regulated in the neovasculature of the rheumatoid pannus and in malignant tumors and their surrounding stroma, selective COX-2 inhibitors may be able to modify the progression of these disorders through the control of angiogenesis.

CONTROLLED TERM: Check Tags: Animal; Human
*Angiogenesis Inhibitors: TU, therapeutic use
*Antineoplastic Agents: TU, therapeutic use
Colonic Neoplasms: DT, drug therapy
Colonic Neoplasms: EN, enzymology
***Cyclooxygenase Inhibitors: TU, therapeutic use**
Isoenzymes: BI, biosynthesis
Isoenzymes: DE, drug effects
Neovascularization, Pathologic: PC, prevention & control
Prostaglandin-Endoperoxide Synthase: BI, biosynthesis
Prostaglandin-Endoperoxide Synthase: DE, drug effects
Prostaglandins: ME, metabolism
*Sulfonamides: TU, therapeutic use
CAS REGISTRY NO.: **169590-42-5 (celecoxib)**
CHEMICAL NAME: 0 (Angiogenesis Inhibitors); 0 (Antineoplastic Agents); 0 (Cyclooxygenase Inhibitors); 0 (Isoenzymes); 0 (Prostaglandins); 0 (Sulfonamides); EC 1.14.99.- (cyclooxygenase 2); EC 1.14.99.1 (Prostaglandin-Endoperoxide Synthase)

L15 ANSWER 13 OF 17 MEDLINE on STN
ACCESSION NUMBER: 2002009468 MEDLINE
DOCUMENT NUMBER: 21235110 PubMed ID: 11336575
TITLE: Celecoxib: a new option in the treatment of arthropathies and familial adenomatous polyposis.
AUTHOR: Davies N M; Gudde T W; de Leeuw M A
CORPORATE SOURCE: Faculty of Pharmacy, University of Sydney, Sydney, New South Wales 2006, Australia.. ndavies@pharm.usyd.edu.au
SOURCE: Expert Opin Pharmacother, (2001 Jan) 2 (1) 139-52. Ref: 87
Journal code: 100897346. ISSN: 1465-6566.
PUB. COUNTRY: England: United Kingdom
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200210
ENTRY DATE: Entered STN: 20020121
Last Updated on STN: 20021004
Entered Medline: 20021003

ABSTRACT:
The discovery of the two isoenzymes of cyclooxygenase (COX) has recently lead to the development and clinical introduction of specific inhibitors of cyclooxygenase-2 (COX-2), such as celecoxib, onto the market. Celecoxib is an effective anti-inflammatory, analgesic and antipyretic agent therapeutically utilised in the management of osteoarthritis and rheumatoid arthritis. In addition, celecoxib has some novel therapeutic and pharmacological activities. Celecoxib inhibits anti-apoptotic kinase activation and is the first specific COX-2 inhibitor to be marketed for familial adenomatous polyposis, an inheritable predisposition for colorectal cancer. Celecoxib is not without gastrointestinal (GI) side effects but demonstrates markedly reduced GI ulceration in clinical trials when compared to traditional non-specific non-steroidal anti-inflammatory drugs (NSAIDs). The specific COX-2 inhibitors each have distinctive pharmacokinetic properties. Celecoxib can be given either once or twice daily. Racial differences in drug disposition, and pharmacokinetic changes in elderly patients, patients with chronic renal insufficiency and patients with mild to moderate hepatic impairment, are evident with celecoxib. Despite the specific action of these drugs, there remains the potential for significant drug interactions. Celecoxib has demonstrated interactions with fluconazole, lithium and warfarin. Increased clinical vigilance should be maintained when co-prescribing medications with celecoxib until further clinical experience is gained. Celecoxib represents a major therapeutic advance in terms of GI safety. However, long-term safety in

other organ systems, safety with concomitant drug administration, and pharmacoeconomic benefits still remain to be proven.

CONTROLLED TERM: Check Tags: Animal; Human
Absorption
***Adenomatous Polyposis Coli: DT, drug therapy**
Adenomatous Polyposis Coli: EN, enzymology
*Arthritis: DT, drug therapy
Arthritis: EN, enzymology
Costs and Cost Analysis
Cyclooxygenase Inhibitors: AE, adverse effects
Cyclooxygenase Inhibitors: EC, economics
Cyclooxygenase Inhibitors: PK, pharmacokinetics
***Cyclooxygenase Inhibitors: TU, therapeutic use**
*Isoenzymes: AI, antagonists & inhibitors
Prostaglandin-Endoperoxide Synthase
Sulfonamides: AE, adverse effects
Sulfonamides: EC, economics
Sulfonamides: PK, pharmacokinetics
*Sulfonamides: TU, therapeutic use

CAS REGISTRY NO.: **169590-42-5 (celecoxib)**

CHEMICAL NAME: 0 (Cyclooxygenase Inhibitors); 0 (Isoenzymes); 0 (Sulfonamides); EC 1.14.99.- (cyclooxygenase 2); EC 1.14.99.1 (Prostaglandin-Endoperoxide Synthase)

L15 ANSWER 14 OF 17 MEDLINE on STN

ACCESSION NUMBER: 2001421560 MEDLINE

DOCUMENT NUMBER: 21364013 PubMed ID: 11470927

TITLE: Familiar drugs may prevent cancer.

AUTHOR: Sharma R A; Gescher A J; O'Byrne K J; Steward W P

CORPORATE SOURCE: Oncology Department, University of Leicester, Leicester Royal Infirmary, Leicester LE1 5WW, UK.. ras20@le.ac.uk

SOURCE: POSTGRADUATE MEDICAL JOURNAL, (2001 Aug) 77 (910) 492-7. Ref: 60
Journal code: 0234135. ISSN: 0032-5473.

PUB. COUNTRY: England: United Kingdom

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 200109

ENTRY DATE: Entered STN: 20010917
Last Updated on STN: 20010917
Entered Medline: 20010913

ABSTRACT:
Despite positive results in large scale chemoprevention trials, many physicians are unaware of the potential cancer preventive properties of drugs in common usage. The antioestrogen tamoxifen and the selective cyclo-oxygenase-2 inhibitor celecoxib have been licensed in the USA for the chemoprevention of breast and colorectal cancers respectively in selected high risk individuals. Similarly, folate and retinol have been shown to decrease the incidence of colorectal cancer and squamous cell carcinoma of the skin respectively in large scale intervention trials. Other retinoids have proved efficacious in the tertiary chemoprevention of cancers of the breast and head/neck. Epidemiological evidence also exists in favour of aspirin, non-steroidal anti-inflammatory drugs, and angiotensin converting enzyme inhibitors preventing certain cancers. Phytochemicals may represent less toxic alternatives to these agents. Although some of these drugs are available without prescription and most are not yet licensed for use in cancer chemoprevention, physicians and students of medicine should be aware of this accumulating evidence base. Practitioners should be amenable to patient referral to discuss complex issues such as risk estimation or potential benefit from intervention.

CONTROLLED TERM: Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
Angiotensin-Converting Enzyme Inhibitors: TU, therapeutic use
*Anticarcinogenic Agents: TU, therapeutic use
Aspirin: TU, therapeutic use
Cyclooxygenase Inhibitors: TU, therapeutic use
Folic Acid: TU, therapeutic use
***Neoplasms: PC, prevention & control**
Raloxifene: TU, therapeutic use
Sulfonamides: TU, therapeutic use
Tamoxifen: TU, therapeutic use
Vitamin A: TU, therapeutic use
CAS REGISTRY NO.: 10540-29-1 (Tamoxifen); 11103-57-4 (Vitamin A); **169590-42-5 (celecoxib)**; 50-78-2 (Aspirin); 59-30-3 (Folic Acid); 84449-90-1 (Raloxifene)
CHEMICAL NAME: 0 (Angiotensin-Converting Enzyme Inhibitors); 0 (Anticarcinogenic Agents); 0 (Cyclooxygenase Inhibitors); 0 (Sulfonamides)

L15 ANSWER 15 OF 17 MEDLINE on STN
ACCESSION NUMBER: 2001379145 MEDLINE
DOCUMENT NUMBER: 21329125 PubMed ID: 11435450
TITLE: Cyclooxygenase-selective inhibition of prostanoid formation: transducing biochemical selectivity into clinical read-outs.
AUTHOR: Patrono C; Patrignani P; Garcia Rodriguez L A
CORPORATE SOURCE: Department of Medicine and Aging, University of Chieti G. D'Annunzio School of Medicine, Chieti, Italy.. cpatrono@unich.it
SOURCE: JOURNAL OF CLINICAL INVESTIGATION, (2001 Jul) 108 (1) 7-13. Ref: 31
Journal code: 7802877. ISSN: 0021-9738.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 200108
ENTRY DATE: Entered STN: 20010813
Last Updated on STN: 20010813
Entered Medline: 20010809
CONTROLLED TERM: Check Tags: Comparative Study; Human; Support, Non-U.S. Gov't
Anti-Inflammatory Agents, Non-Steroidal: AE, adverse effects
*Anti-Inflammatory Agents, Non-Steroidal: PD, pharmacology
Anti-Inflammatory Agents, Non-Steroidal: TU, therapeutic use
Anticarcinogenic Agents: PD, pharmacology
Anticarcinogenic Agents: TU, therapeutic use
Aspirin: AE, adverse effects
Aspirin: PD, pharmacology
Aspirin: TU, therapeutic use
Blood Platelets: DE, drug effects
Blood Platelets: EN, enzymology
Cardiovascular Diseases: EP, epidemiology
Colorectal Neoplasms: PC, prevention & control
Cyclooxygenase Inhibitors: AE, adverse effects
***Cyclooxygenase Inhibitors: PD, pharmacology**
Cyclooxygenase Inhibitors: TU, therapeutic use
Depression, Chemical
Dinoprostone: BI, biosynthesis

Epoprostenol: BI, biosynthesis
Gastric Mucosa: DE, drug effects
Gastrointestinal Hemorrhage: CI, chemically induced
Gastrointestinal Hemorrhage: EP, epidemiology
Gastrointestinal Hemorrhage: PC, prevention & control
Incidence
Intestinal Mucosa: DE, drug effects
*Isoenzymes: AI, antagonists & inhibitors
Isoenzymes: PH, physiology
Lactones: AE, adverse effects
Lactones: PD, pharmacology
Lactones: TU, therapeutic use
Peptic Ulcer: CI, chemically induced
Peptic Ulcer: EP, epidemiology
Peptic Ulcer: PC, prevention & control
Prostaglandin-Endoperoxide Synthase: PH, physiology
*Prostaglandins: BI, biosynthesis
Randomized Controlled Trials
Substrate Specificity
Sulfonamides: AE, adverse effects
Sulfonamides: PD, pharmacology
Sulfonamides: TU, therapeutic use
Thromboembolism: EP, epidemiology
Thromboembolism: PC, prevention & control
Thromboxane A2: BI, biosynthesis
Treatment Outcome

CAS REGISTRY NO.: **169590-42-5 (celecoxib)**; 35121-78-9 (Epoprostenol); 363-24-6 (Dinoprostone); 50-78-2 (Aspirin); 57576-52-0 (Thromboxane A2)

CHEMICAL NAME: 0 (Anti-Inflammatory Agents, Non-Steroidal); 0 (Anticarcinogenic Agents); 0 (Cyclooxygenase Inhibitors); 0 (Isoenzymes); 0 (Lactones); 0 (Prostaglandins); 0 (Sulfonamides); 0 (rofecoxib); EC 1.14.99.- (cyclooxygenase 1); EC 1.14.99.- (cyclooxygenase 2); EC 1.14.99.1 (Prostaglandin-Endoperoxide Synthase)

L15 ANSWER 16 OF 17 MEDLINE on STN
ACCESSION NUMBER: 2001329780 MEDLINE
DOCUMENT NUMBER: 21290835 PubMed ID: 11397667
TITLE: Cyclooxygenase-2: a target for the prevention and treatment of breast cancer.
AUTHOR: Howe L R; Subbaramaiah K; Brown A M; Dannenberg A J
CORPORATE SOURCE: Strang Cancer Research Laboratory, Rockefeller University, Box 231, 1230 York Avenue, New York, New York 10021, USA.. lrhowe@med.cornell.edu
CONTRACT NUMBER: CA-47207 (NCI)
CA-89578 (NCI)
SOURCE: ENDOCRINE-RELATED CANCER, (2001 Jun) 8 (2) 97-114. Ref: 172
Journal code: 9436481. ISSN: 1351-0088.
PUB. COUNTRY: England: United Kingdom
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200108
ENTRY DATE: Entered STN: 20010813
Last Updated on STN: 20010813
Entered Medline: 20010809

ABSTRACT:
Cyclooxygenase-2 (COX-2), an inducible prostaglandin synthase, is normally expressed in parts of the kidney and brain. Aberrant COX-2 expression was

first reported in colorectal carcinomas and adenomas, and has now been detected in various human cancers, including those of the breast. Strikingly, COX-2 overexpression in murine mammary gland is sufficient to cause tumour formation. To date, the role of COX-2 in tumorigenesis has been most intensively studied in the colon. Thus, the relationship between COX-2 and neoplasia can best be illustrated with reference to intestinal tumorigenesis. Here we consider the potential utility of selective COX-2 inhibitors for the prevention and treatment of breast cancer. Data for cancers of the colon and breast are compared where possible. In addition, the mechanisms by which COX-2 is upregulated in cancers and contributes to tumorigenesis are discussed. Importantly, several recent studies of mammary tumorigenesis in animal models have found selective COX-2 inhibitors to be effective in the prevention and treatment of breast cancer. Clinical trials will be needed to determine whether COX-2 inhibition represents a useful approach to preventing or treating human breast cancer.

CONTROLLED TERM: Check Tags: Animal; Comparative Study; Female; Human; Support, Non-U.S. Gov't; Support, U.S. Gov't, Non-P.H.S.; Support, U.S. Gov't, P.H.S.
***Breast Neoplasms: DT, drug therapy**
Breast Neoplasms: EN, enzymology
Breast Neoplasms: PC, prevention & control
Colorectal Neoplasms: DT, drug therapy
Colorectal Neoplasms: EN, enzymology
Colorectal Neoplasms: PC, prevention & control
***Cyclooxygenase Inhibitors: TU, therapeutic use**
Gene Expression Regulation, Enzymologic
Gene Expression Regulation, Neoplastic
*Isoenzymes: AI, antagonists & inhibitors
Isoenzymes: BI, biosynthesis
Isoenzymes: PH, physiology
Prostaglandin-Endoperoxide Synthase: BI, biosynthesis
Prostaglandin-Endoperoxide Synthase: PH, physiology
Sulfonamides: TU, therapeutic use
Up-Regulation

CAS REGISTRY NO.: **169590-42-5 (celecoxib)**

CHEMICAL NAME: 0 (Cyclooxygenase Inhibitors); 0 (Isoenzymes); 0 (Sulfonamides); EC 1.14.99.- (cyclooxygenase 2); EC 1.14.99.1 (Prostaglandin-Endoperoxide Synthase)

L15 ANSWER 17 OF 17 MEDLINE on STN

ACCESSION NUMBER: 2000131762 MEDLINE

DOCUMENT NUMBER: 20131762 PubMed ID: 10667110

TITLE: [Selective cyclooxygenase-2 (COX-2) inhibitors: importance and limitations].
Inhibiteurs selectifs de la cyclooxygenase de type 2 (COX-2): interets et limites.

AUTHOR: Pairet M; Netter P

CORPORATE SOURCE: Boehinger Ingelheim Pharma KG, Dept of Pulmonary Research, Ingelheim am Rhein, Germany.

SOURCE: THERAPIE, (1999 Jul Aug) 54 (4) 433-45. Ref: 140
Journal code: 0420544. ISSN: 0040-5957.

PUB. COUNTRY: ENGLAND: United Kingdom

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, ACADEMIC)
(REVIEW, TUTORIAL)

LANGUAGE: French

FILE SEGMENT: Priority Journals

ENTRY MONTH: 200003

ENTRY DATE: Entered STN: 20000327
Last Updated on STN: 20000327
Entered Medline: 20000316

ABSTRACT:

The discovery of an inducible form of cyclooxygenase (COX-2) requires a refinement of the theory that inhibition of cyclooxygenase activity explains both therapeutic effects and side-effects of non-steroidal anti-inflammatory drugs (NSAIDs). Selective COX-2 inhibitors have demonstrated in clinical trials a significantly better gastrointestinal tolerability than classical NSAIDs, for the same anti-inflammatory activity. Their tolerability in patients with active ulcer or with a recent history of ulcer as well as in patients suffering from cardiovascular or renal diseases has still to be investigated in detail. Their therapeutic potential in several new indications, including pre-term labour, colorectal cancer and Alzheimer's disease, is currently being investigated.

CONTROLLED TERM: Check Tags: Animal; Human
Alzheimer Disease: PC, prevention & control
Analgesics: CL, classification
Analgesics: PD, pharmacology
Anti-Inflammatory Agents, Non-Steroidal: CL, classification
Anti-Inflammatory Agents, Non-Steroidal: PD, pharmacology
Anticarcinogenic Agents: PD, pharmacology
Anticarcinogenic Agents: TU, therapeutic use
Arachidonic Acids: ME, metabolism
Binding Sites: DE, drug effects
Clinical Trials
Colorectal Neoplasms: PC, prevention & control
*Cyclooxygenase Inhibitors
Cyclooxygenase Inhibitors: AE, adverse effects
Cyclooxygenase Inhibitors: PD, pharmacology
Cyclooxygenase Inhibitors: TU, therapeutic use
English Abstract
Enzyme Induction: DE, drug effects
Gastric Mucosa: DE, drug effects
Intestinal Mucosa: DE, drug effects
Isoenzymes: BI, biosynthesis
Isoenzymes: CH, chemistry
*Isoenzymes: PD, pharmacology
Kidney: DE, drug effects
Lactones: AE, adverse effects
Lactones: PD, pharmacology
Lactones: TU, therapeutic use
Membrane Lipids: ME, metabolism
Mice
Peptic Ulcer: CI, chemically induced
Phospholipids: ME, metabolism
Prostaglandin-Endoperoxide Synthase: BI, biosynthesis
Prostaglandin-Endoperoxide Synthase: CH, chemistry
*Prostaglandin-Endoperoxide Synthase: PD, pharmacology
Prostaglandins: BI, biosynthesis
Reproduction: DE, drug effects
Safety
Substrate Specificity
Sulfonamides: AE, adverse effects
Sulfonamides: PD, pharmacology
Sulfonamides: TU, therapeutic use
Valine: CH, chemistry

CAS REGISTRY NO.: **169590-42-5 (celecoxib)**; 7004-03-7 (Valine)

CHEMICAL NAME: 0 (Analgesics); 0 (Anti-Inflammatory Agents, Non-Steroidal); 0 (Anticarcinogenic Agents); 0 (Arachidonic Acids); 0 (Cyclooxygenase Inhibitors); 0 (Isoenzymes); 0 (Lactones); 0 (Membrane Lipids); 0 (Phospholipids); 0 (Prostaglandins); 0 (Sulfonamides); 0 (rofecoxib); EC 1.14.99.- (cyclooxygenase 2); EC 1.14.99.1 (Prostaglandin-Endoperoxide Synthase)

intentionally
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=> fil medl; d que l17; fil embase; d que l52; fil drugu; d que l64
FILE 'MEDLINE' ENTERED AT 09:55:59 ON 22 OCT 2003

 FILE LAST UPDATED: 21 OCT 2003 (20031021/UP). FILE COVERS 1958 TO DATE.

 On April 13, 2003, MEDLINE was reloaded. See HELP RLOAD for details.

 MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the
 MeSH 2003 vocabulary. See http://www.nlm.nih.gov/mesh/changes2003.html
 for a description on changes.

 This file contains CAS Registry Numbers for easy and accurate
 substance identification.


L6          8161 SEA FILE=MEDLINE ABB=ON  CYCLOOXYGENASE INHIBITORS/CT
L16         2944 SEA FILE=MEDLINE ABB=ON  DNA TOPOISOMERASES+NT/CT(L)AI/CT
L17            3 SEA FILE=MEDLINE ABB=ON  L6 AND L16
```

'Antagonists & inhibitors

```
FILE 'EMBASE' ENTERED AT 09:56:00 ON 22 OCT 2003
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 FILE COVERS 1974 TO 16 Oct 2003 (20031016/ED)

 EMBASE has been reloaded. Enter HELP RLOAD for details.

 This file contains CAS Registry Numbers for easy and accurate
 substance identification.


L20         1180 SEA FILE=EMBASE ABB=ON  DNA TOPOISOMERASE INHIBITOR/CT
L23         3503 SEA FILE=EMBASE ABB=ON  IRINOTECAN/CT
L25      1154368 SEA FILE=EMBASE ABB=ON  NEOPLASM+NT/CT
L26        30090 SEA FILE=EMBASE ABB=ON  ANTINEOPLASTIC ACTIVITY+NT/CT
L27        80280 SEA FILE=EMBASE ABB=ON  CANCER CHEMOTHERAPY/CT
L31        28382 SEA FILE=EMBASE ABB=ON  DRUG POTENTIATION/CT
L32        27860 SEA FILE=EMBASE ABB=ON  CANCER COMBINATION CHEMOTHERAPY/CT
L47         4014 SEA FILE=EMBASE ABB=ON  CYCLOOXYGENASE 2 INHIBITOR/CT
L48         2529 SEA FILE=EMBASE ABB=ON  CELECOXIB/CT
L49           27 SEA FILE=EMBASE ABB=ON  (L20 OR L23)(L)CB/CT AND (L47 OR
                 L48)(L)CB/CT
L50           17 SEA FILE=EMBASE ABB=ON  (L32 OR L26 OR L27) AND L49
L51            5 SEA FILE=EMBASE ABB=ON  L49 AND L25 AND L31
L52           19 SEA FILE=EMBASE ABB=ON  L50 OR L51
```

CB = drug combination

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FILE 'DRUGU' ENTERED AT 09:56:00 ON 22 OCT 2003
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FILE LAST UPDATED: 16 OCT 2003       <20031016/UP>
>>> DERWENT DRUG FILE (SUBSCRIBER)  <<<

>>> SDI'S MAY BE RUN WEEKLY OR MONTHLY AS OF JUNE 2001.  <<<
>>> (WEEKLY IS THE DEFAULT). FOR PRICING INFORMATION     <<<
>>> SEE HELP COST                                        <<<

>>> FILE COVERS 1983 TO DATE  <<<
>>> THESAURUS AVAILABLE IN /CT  <<<
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L58         1005 SEA FILE=DRUGU ABB=ON  CELECOXIB/CT
L59         3358 SEA FILE=DRUGU ABB=ON  CYCLOOXYGENASE-2-INHIBITOR#/CT
L60         1858 SEA FILE=DRUGU ABB=ON  IRINOTECAN/CT
L61         2674 SEA FILE=DRUGU ABB=ON  TOPOISOMERASE-I-INHIBITOR#/CT
L63       111712 SEA FILE=DRUGU ABB=ON  COMB./CT
L64            6 SEA FILE=DRUGU ABB=ON  (L58 OR L59) AND (L60 OR L61) AND L63

=> dup rem l17,l64,l52
FILE 'MEDLINE' ENTERED AT 09:56:05 ON 22 OCT 2003

FILE 'DRUGU' ENTERED AT 09:56:05 ON 22 OCT 2003
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FILE 'EMBASE' ENTERED AT 09:56:05 ON 22 OCT 2003
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PROCESSING COMPLETED FOR L17
PROCESSING COMPLETED FOR L64
PROCESSING COMPLETED FOR L52
L65           26 DUP REM L17 L64 L52 (2 DUPLICATES REMOVED)
                 ANSWERS '1-3' FROM FILE MEDLINE
                 ANSWERS '4-9' FROM FILE DRUGU
                 ANSWERS '10-26' FROM FILE EMBASE

=> d iall 1-26; fil hom

L65  ANSWER 1 OF 26     MEDLINE on STN                  DUPLICATE 2
ACCESSION NUMBER:    2003133447     MEDLINE
DOCUMENT NUMBER:     22534473   PubMed ID: 12647986
TITLE:               Systemic therapy for advanced pancreatic cancer.
AUTHOR:              El-Rayes Basil F; Philip Philip A
CORPORATE SOURCE:    Division of Haematology and Oncology, Karmanos Cancer
                     Institute, Wayne State University, Detroit, MI 48201, USA.
SOURCE:              Expert Rev Anticancer Ther, (2002 Aug) 2 (4) 426-36.  Ref:
                     78
                     Journal code: 101123358. ISSN: 1473-7140.
PUB. COUNTRY:        England: United Kingdom
DOCUMENT TYPE:       Journal; Article; (JOURNAL ARTICLE)
                     General Review; (REVIEW)
                     (REVIEW, TUTORIAL)
LANGUAGE:            English
FILE SEGMENT:        Priority Journals
ENTRY MONTH:         200304
ENTRY DATE:          Entered STN: 20030322
                     Last Updated on STN: 20030430
                     Entered Medline: 20030429
ABSTRACT:
Death from pancreatic cancer remains high with few long-term survivors.
Systemic chemotherapy with 5-fluorouracil-based combinations had minimal impact
on natural history of this disease.  Several new agents with activity against
pancreatic cancer have been identified over the past decade.  Gemcitabine has
modest activity in this disease.  Combination chemotherapy trials incorporating
gemcitabine, cisplatin, 5-fluorouracil, oxaliplatin, docetaxel or irinotecan
show improved outcomes in objective response rates and survival that need to be
confirmed in prospectively randomized studies.  Advancement in the
understanding of the biology of pancreatic cancer has helped identify several
molecular targets for the development of novel therapies.  Ongoing and future
treatment regimens for pancreatic cancer will incorporate traditional cytotoxic
drugs and novel targeted therapies.
CONTROLLED TERM:     Check Tags: Human
                      Angiogenesis Inhibitors: TU, therapeutic use
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Antimetabolites, Antineoplastic: TU, therapeutic use
*Antineoplastic Agents: TU, therapeutic use
Cell Cycle: DE, drug effects
Cyclooxygenase Inhibitors: TU, therapeutic use
DNA Topoisomerases, Type I: AI, antagonists & inhibitors
*Deoxycytidine: AA, analogs & derivatives
Deoxycytidine: TU, therapeutic use
Drug Therapy, Combination
Enzyme Inhibitors: TU, therapeutic use
Fluorouracil: TU, therapeutic use
Genes, ras: DE, drug effects
Isoenzymes: ME, metabolism
Pancreatic Neoplasms: DT, drug therapy
*Pancreatic Neoplasms: TH, therapy
Prostaglandin-Endoperoxide Synthase: ME, metabolism
Signal Transduction: DE, drug effects

CAS REGISTRY NO.: 103882-84-4 (gemcitabine); 51-21-8 (Fluorouracil); 951-77-9 (Deoxycytidine)

CHEMICAL NAME: 0 (Angiogenesis Inhibitors); 0 (Antimetabolites, Antineoplastic); 0 (Antineoplastic Agents); 0 (Cyclooxygenase Inhibitors); 0 (Enzyme Inhibitors); 0 (Isoenzymes); EC 1.14.99.- (cyclooxygenase 2); EC 1.14.99.1 (Prostaglandin-Endoperoxide Synthase); EC 5.99.1.2 (DNA Topoisomerases, Type I)

L65 ANSWER 2 OF 26 MEDLINE on STN
ACCESSION NUMBER: 2003224150 MEDLINE
DOCUMENT NUMBER: 22630717 PubMed ID: 12745645
TITLE: Cancer therapy: new targets for chemotherapy.
AUTHOR: Novotny Ladislav; Szekeres Thomas
CORPORATE SOURCE: Kuwait Unviersity, Faculty of Parmacy, Department of Chemistry, Kuwait, Kuwait.. novotny@hsc.kuniv.edu.kw
SOURCE: Hematology, (2003 Jun) 8 (3) 129-37. Ref: 63
Journal code: 9708388. ISSN: 1024-5332.
PUB. COUNTRY: England: United Kingdom
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200309
ENTRY DATE: Entered STN: 20030515
Last Updated on STN: 20030903
Entered Medline: 20030902

ABSTRACT:
The number two cause of mortality in developed countries is cancer. Despite the enormous effort put into cancer prevention, early diagnosis and treatment, it is likely that the incidence of the cancer morbidity and mortality will increase for the foreseeable future. This is due to various factors such as increased life expectancy, changes in environment and also the socio-economic situation around the world. Some cancer attracts more attention than others and increasingly epidemiological information is reaching the general public and is beginning to influence behavior. It is now well recognized that, for example, 1 of 8 women in the industrialized world will be diagnosed with breast cancer. Additionally, a strong correlation was established between lung cancer incidence and smoking and it is broadly accepted that the incidence of colon cancer is directly related to age and diet, and has been increasing over time. The current failure of preventive measures to significantly reduce the increasing incidence of these common tumors illustrates the importance of effective cancer treatment strategies, including chemotherapy. The combination of various anticancer drugs, given together with surgery and radiotherapy, gives hope to many patients. There has been recent evidence of improved

therapeutic outcome with recent approaches and newer agents but for continuing effective chemotherapeutic treatment there is a need for a detailed understanding of their mechanisms of action and on the rationale of their application. This review attempts to provide up-to-date information regarding the development of new and innovative treatment strategies for cancer chemotherapy. Virtually, every year several of new targets for cancer therapy on both, cellular and molecular levels, are identified and new drugs enter not only clinical trials but also are included in well accepted and documented therapeutic protocols. As this review is in addition to our review published previously (Medical Principles and Practice 11, 2002, 117-125), we have tried to include new and innovative targets and drugs that attract attention at present. Although it is not possible to provide a complete list of all achievements and cover all work done in this field, we hope to be able to give some insight into this rapidly developing area.

CONTROLLED TERM: Check Tags: Human
Alkyl and Aryl Transferases: AI, antagonists & inhibitors
Antigens, Neoplasm: IM, immunology
Antineoplastic Agents: CL, classification
*Antineoplastic Agents: PD, pharmacology
Antineoplastic Agents: TU, therapeutic use
Apoptosis: DE, drug effects
Cyclin-Dependent Kinases: AI, antagonists & inhibitors
Cyclooxygenase Inhibitors: PD, pharmacology
Cysteine Proteinase Inhibitors: PD, pharmacology
Cysteine Proteinase Inhibitors: TU, therapeutic use
DNA Methylation: DE, drug effects
DNA Topoisomerases, Type I: AI, antagonists & inhibitors
DNA Topoisomerases, Type II: AI, antagonists & inhibitors
Drug Design
Enzyme Inhibitors: PD, pharmacology
Enzyme Inhibitors: TU, therapeutic use
Membrane Glycoproteins: TU, therapeutic use
Neoplasm Proteins: AI, antagonists & inhibitors
*Neoplasms: DT, drug therapy
Telomerase: AI, antagonists & inhibitors
Tumor Necrosis Factor: TU, therapeutic use

CHEMICAL NAME: 0 (Antigens, Neoplasm); 0 (Antineoplastic Agents); 0 (Cyclooxygenase Inhibitors); 0 (Cysteine Proteinase Inhibitors); 0 (Enzyme Inhibitors); 0 (Membrane Glycoproteins); 0 (Neoplasm Proteins); 0 (TNF-related apoptosis-inducing ligand); 0 (Tumor Necrosis Factor); EC 2.5 (Alkyl and Aryl Transferases); EC 2.5.1.29 (farnesyltranstransferase); EC 2.7.1.37 (Cyclin-Dependent Kinases); EC 2.7.7.- (Telomerase); EC 5.99.1.2 (DNA Topoisomerases, Type I); EC 5.99.1.3 (DNA Topoisomerases, Type II)

L65 ANSWER 3 OF 26 MEDLINE on STN
ACCESSION NUMBER: 2003036575 MEDLINE
DOCUMENT NUMBER: 22431836 PubMed ID: 12542978
TITLE: Current mechanistic approaches to the chemoprevention of cancer.
AUTHOR: Steele Vernon E
CORPORATE SOURCE: Chemoprevention Agent Development Research Group, Division of Cancer Prevention, National Cancer Institute, National Institutes of Health, Bethesda, MD 20892, USA.. vsly@nih.gov
SOURCE: J Biochem Mol Biol, (2003 Jan 31) 36 (1) 78-81. Ref: 27
Journal code: 9702084. ISSN: 1225-8687.
PUB. COUNTRY: Korea (South)
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200306
ENTRY DATE: Entered STN: 20030125
Last Updated on STN: 20030621
Entered Medline: 20030620

ABSTRACT:
The prevention of cancer is one of the most important public health and medical practices of the 21st century. We have made much progress in this new emerging field, but so much remains to be accomplished before widespread use and practice become common place. Cancer chemoprevention encompasses the concepts of inhibition, reversal, and retardation of the cancer process. This process, called carcinogenesis, requires 20-40 years to reach the endpoint called invasive cancer. It typically follows multiple, diverse and complex pathways in a stochastic process of clonal evolution. These pathways appear amenable to inhibition, reversal or retardation at various points. We must therefore identify key pathways in the evolution of the cancer cell that can be exploited to prevent this carcinogenesis process. . Basic research is identifying many genetic lesions and epigenetic processes associated with the progression of precancer to invasive disease. Many of these early precancerous lesions favor cell division over quiescence and protect cells against apoptosis when signals are present. Many oncogenes are active during early development and are reactivated in adulthood by aberrant gene promoting errors. Normal regulatory genes are mutated, making them insensitive to normal regulatory signals. Tumor suppressor genes are deleted or mutated rendering them inactive. Thus there is a wide range of defects in cellular machinery which can lead to evolution of the cancer phenotype. Mistakes may not have to appear in a certain order for cells to progress along the cancer pathway. To conquer this diverse disease, we must attack multiple key pathways at once for a predetermined period of time. Thus, agent combination prevention strategies are essential to decrease cancer morbidity. Furthermore, each cancer type may require custom combination of prevention strategies to be successful.

CONTROLLED TERM: Check Tags: Animal; Human
*Antioxidants: PD, pharmacology
Cell Division: PH, physiology
Chemoprevention
***Cyclooxygenase Inhibitors: PD, pharmacology**
DNA Methylation: DE, drug effects
DNA Topoisomerases, Type I: AI, antagonists & inhibitors
Enzyme Inhibitors: PD, pharmacology
Gene Expression Regulation, Neoplastic
Inflammation: ME, metabolism
Neoplasms: GE, genetics
Neoplasms: ME, metabolism
*Neoplasms: PC, prevention & control
Oncogenes
Prostaglandin-Endoperoxide Synthase: ME, metabolism
*Selective Estrogen Receptor Modulators: PD, pharmacology

CHEMICAL NAME: 0 (Antioxidants); 0 (Cyclooxygenase Inhibitors); 0 (Enzyme Inhibitors); 0 (Selective Estrogen Receptor Modulators); EC 1.14.99.1 (Prostaglandin-Endoperoxide Synthase); EC 5.99.1.2 (DNA Topoisomerases, Type I)

L65 ANSWER 4 OF 26 DRUGU COPYRIGHT 2003 THOMSON DERWENT on STN DUPLICATE 1
ACCESSION NUMBER: 2002-49624 DRUGU P S E
TITLE: Cyclooxygenase-2 inhibition with celecoxib enhances antitumor efficacy and reduces diarrhea side effect of CPT-11.
AUTHOR: Trifan O C; Durham W F; Salazar V S; Horton J; Levine B D; Zweifel B S; Davis T W; Masferrer J L
CORPORATE SOURCE: Pharmacia

LOCATION: Chesterfield, Mo., USA
SOURCE: Cancer Res. (62, No. 20, 5778-84, 2002) 3 Fig. 3 Tab. 55 Ref.
CODEN: CNREA8 ISSN: 0008-5472
AVAIL. OF DOC.: Oncology Pharmacology, AA5C, Pharmacia Corp., 700 Chesterfield Parkway North, Chesterfield, MO 63198, U.S.A. (e-mail: ovidiu.c.trifan@pharmacia.com).
LANGUAGE: English
DOCUMENT TYPE: Journal

ABSTRACT:

P.o. celecoxib (CEL) enhanced the antitumor effect of i.p. CPT-11 (irinotecan; both Pharmacia) in mice harboring HT-29 and colon-26 tumors. CEL and CPT-11 prevented the tumor-induced body weight loss. I.v. CPT-11 induced diarrhea, an effect that was prevented by s.c. atropine pretreatment. CEL dose-dependently reduced diarrhea. CPT-11 increased COX-2 protein and PGE2 levels in rat colon. CEL restored the PGE2 levels. S.c. anti-PGE2 Ab also reduced CPT-11-induced diarrhea. P.o. indometacin and SC-560 reduced tissue TXB2, whereas CEL and CPT-11 had no effect on TXB2 content in the colon. These findings suggest that combining CEL with CPT-11 may be beneficial in the improvement of the outcome of treatment in cancer patients.

SECTION HEADING: P Pharmacology
S Adverse Effects
E Endocrinology

CLASSIF. CODE: 16 Gastrointestinal
34 Toxicology
43 Analgesics, NSAIDs
52 Chemotherapy - non-clinical

CONTROLLED TERM:
HT29 *OC; COLON *OC; INTESTINE *OC; GASTROENTEROPATHY *OC; CARCINOMA *OC; WEIGHT-LOSS *AE; ANIMAL-NEOPLASM *OC; BODY-WEIGHT *AE; INDOMETACIN *RC; SC-560 *RC; ATROPINE *RC; MOUSE *FT; RAT *FT; IN-VIVO *FT; ALONE *FT; **COMB**. *FT; BODY-WEIGHT *FT; BLOOD-PLASMA *FT; CONC. *FT; PGE2 *FT; COLON *FT; INTESTINE *FT; THROMBOXANE-A2 *FT; THROMBOXANE-B2 *FT; TOX. *FT; CYTOSTATIC *FT; LAB.ANIMAL *FT
[01] **CELECOXIB** *PH; **CELECOXIB** *AE; PHARMACIA *FT; DR9605582 *RN; P.O. *FT; **CYCLOOXYGENASE-2-INHIBITOR** *FT; ANTIDIARRHEIC *FT; CYCLOOXYGENASE-INHIBITOR *FT; PROSTAGLANDIN-ANTAGONIST *FT; ANALGESICS *FT; ANTIINFLAMMATORIES *FT; ANTIRHEUMATICS *FT; **CYCLOOXYGENASE-2-INHIBITORS** *FT; PROSTAGLANDIN-ANTAGONISTS *FT; CYCLOOXYGENASE-INHIBITORS *FT; PH *FT; AE *FT
CAS REGISTRY NO.: 169590-42-5
[02] **IRINOTECAN** *PH; **IRINOTECAN** *AE; PHARMACIA *FT; DIARRHEA *AE; GASTROENTEROPATHY *AE; CPT-11 *RN; I.P. *FT; INJECTION *FT; CYTOSTATICS *FT; **TOPOISOMERASE-I-INHIBITORS** *FT; TOPOISOMERASE-INHIBITORS *FT; PH *FT; AE *FT
CAS REGISTRY NO.: 97682-44-5
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature

L65 ANSWER 5 OF 26 DRUGU COPYRIGHT 2003 THOMSON DERWENT on STN
ACCESSION NUMBER: 2002-23410 DRUGU P B
TITLE: Effect of non-steroidal anti-inflammatory drugs on colon carcinoma Caco-2 cells responsiveness to topoisomerase inhibitor drugs.
AUTHOR: Ricchi P; Matola T D; Ruggiero G; Zanzi D; Apicella A; di

Palma A; Pensabene M; Pignata S; Zarrilli R; Acquaviva A M
CORPORATE SOURCE: Univ.Naples-Federico-II
LOCATION: Naples, It.
SOURCE: Br.J.Cancer (86, No. 9, 1501-09, 2002) 6 Fig. 2 Tab. 54 Ref.
CODEN: BJCAAI ISSN: 0007-0920
AVAIL. OF DOC.: Dipartimento di Biologia e Patologia Cellulare e Moleculare, Facolta di Medicina e Chirurgia, Universita 'Federico II', via S. Pansini 5, 80131 Napoli, Italy. (A.M.A.). (e-mail: angacqua@unina.it).
LANGUAGE: English
DOCUMENT TYPE: Journal

ABSTRACT:

Aspirin (Sigma-Chem.) dose-dependently decreased both etoposide (VP-16, Bristol-Squibb)- and irinotecan (CPT-11, Rhone-Poulenc-Rorer)-induced apoptosis and increased cell viability in human colon Caco-2 cancer cells. NS-398 also decreased VP-16- and CPT-11-dependent apoptosis. Aspirin dose-dependently increased bcl-2 levels, while NS-398 decreased the levels of bcl-2. Results suggest that aspirin, but not NS-398, determines a cell cycle arrest associated with death suppression. This provides a plausible mechanism for the inhibition of apoptosis and increase in survival observed in anticancer drug and aspirin co-treatment.

SECTION HEADING: P Pharmacology
B Biochemistry

CLASSIF. CODE: 27 Molecular Biology
43 Analgesics, NSAIDs
52 Chemotherapy - non-clinical
73 Trial Preparations

CONTROLLED TERM:

COMB. *FT; IN-VITRO *FT; CACO2-CELL *FT; ADENOCARCINOMA *FT; TUMOR-CELL *FT; TISSUE-CULTURE *FT
[01] ASPIRIN *PH; SIGMA-CHEM. *FT; ASPIRIN *RN; BCL-2 *FT; APOPTOSIS-INHIBITOR *FT; MODE-OF-ACT. *FT; ANALGESICS *FT; ANTIPYRETICS *FT; ANTIRHEUMATICS *FT; ANTIAGGREGANTS *FT; ANTIINFLAMMATORIES *FT; PH *FT
CAS REGISTRY NO.: 50-78-2
[02] NS-398 *PH; NS-398 *RN; BCL-2 *FT; APOPTOSIS-INHIBITOR *FT; MODE-OF-ACT. *FT; TRIAL-PREP. *FT; ANTIINFLAMMATORIES *FT; ANALGESICS *FT; ANTIPYRETICS *FT; **CYCLOOXYGENASE-2-INHIBITORS** *FT; PH *FT
[03] ETOPOSIDE *PH; BRISTOL-SQUIBB *FT; ETOPOSIDE *RN; CYTOSTATICS *FT; TOPOISOMERASE-INHIBITORS *FT; PH *FT
CAS REGISTRY NO.: 33419-42-0
[04] **IRINOTECAN** *PH; RHONE-POULENC-RORER *FT; CPT-11 *RN; CYTOSTATICS *FT; **TOPOISOMERASE-I-INHIBITORS** *FT; TOPOISOMERASE-INHIBITORS *FT; PH *FT
CAS REGISTRY NO.: 97682-44-5
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature

L65 ANSWER 6 OF 26 DRUGU COPYRIGHT 2003 THOMSON DERWENT on STN
ACCESSION NUMBER: 2002-50056 DRUGU T S
TITLE: Phase I studies using capecitabine combined with conformal radiation therapy (RT), paclitaxel, CPT-11 and celecoxib in gastrointestinal malignancies.
AUTHOR: Kennedy A S; Van Echo D A; Volpe C; Moesinger R; Shibata D; Darwin P; Haluszka O
CORPORATE SOURCE: Univ.Maryland
LOCATION: Baltimore, Md., USA

SOURCE: ; Proc.Am.Soc.Clin.Oncol. (21, Pt. 2, 300b, 2002)
CODEN: ; 7790
AVAIL. OF DOC.: University of Maryland Greenebaum Cancer Center, Baltimore, MD, U.S.A.
LANGUAGE: English
DOCUMENT TYPE: Journal

ABSTRACT:

Phase I studies were performed in 27 patients combining p.o. capecitabine (C) with i.v. infused paclitaxel (P) + radiotherapy (RT) in upper GI cancer (pancreas, bile duct, gallbladder) or C with i.v. infused CPT-11 (irinotecan) + RT in rectal cancer. The results showed that C + RT and other chemotherapy agents was a promising and safe approach for GI malignancies. Treatment related enteritis was seen. The MTD of C was 1500 mg p.o. b.i.d. given on RT days with wkly P for pancreas and biliary tree malignancies. The MTD of C + pelvic RT and wkly CPT-11 for rectal cancer was not achieved. Further patients will be studied using C at the MTD and celecoxib from the start of RT. (conference abstract: 38th Annual Meeting of the American Society of Clinical Oncology, Orlando, Florida, USA, 2002).

SECTION HEADING: T Therapeutics
S Adverse Effects

CLASSIF. CODE: 35 Adverse Reactions
51 Chemotherapy - clinical
64 Clinical Trials

CONTROLLED TERM:
RECTUM *TR; PANCREAS *TR; BILIARY-TRACT-DISEASE *TR; GASTROENTEROPATHY *TR; PANCREOPATHY *TR; CHOLANGIOCARCINOMA *TR; ENTERITIS *AE; NEOPLASM *TR; GASTROENTEROPATHY *AE; **CELECOXIB** *RC; IN-VIVO *FT; CASES *FT; PHASE-I *FT; RADIOTHERAPY *FT; **COMB**. *FT; CYTOSTATIC *FT; CLIN.TRIAL *FT
[01] CAPECITABINE *TR; CAPECITABINE *AE; DR9504617 *RN; P.O. *FT; CYTOSTATICS *FT; SYNERGISTS *FT; TR *FT; AE *FT
CAS REGISTRY NO.: 154361-50-9
[02] PACLITAXEL *TR; PACLITAXEL *AE; TAXOL *RN; I.V. *FT; INFUSION *FT; INJECTION *FT; CYTOSTATICS *FT; P-GLYCOPROTEIN-INHIBITORS *FT; TR *FT; AE *FT
CAS REGISTRY NO.: 33069-62-4
[03] **IRINOTECAN** *TR; **IRINOTECAN** *AE; CPT-11 *RN; I.V. *FT; INFUSION *FT; CYTOSTATICS *FT; **TOPOISOMERASE-I-INHIBITORS** *FT; TOPOISOMERASE-INHIBITORS *FT; TR *FT; AE *FT
CAS REGISTRY NO.: 97682-44-5
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature

L65 ANSWER 7 OF 26 DRUGU COPYRIGHT 2003 THOMSON DERWENT on STN
ACCESSION NUMBER: 2002-44843 DRUGU T S V
TITLE: A phase II trial of celecoxib (CX), irinotecan (I), 5-fluorouracil (5FU) and leucovorin (LCV) in patients (pts) with unresectable or metastatic colorectal cancer (CRC).
AUTHOR: Blanke C D; Benson A B; Dragovich T; Lenz H J; Haller D; Robles C; Buchbinder A
CORPORATE SOURCE: Univ.Oregon-Health+Sci.; Univ.Northwestern; Arizona-Cancer-Cent.; Univ.Southern-California
LOCATION: Portland, Oreg., Chicago, Ill., Tucson, Ariz.; Los Angeles, Cal.; Philadelphia, Pa., USA
SOURCE: ; Proc.Am.Soc.Clin.Oncol. (21, Pt. 1, 127a, 2002)
CODEN: ; 7790

AVAIL. OF DOC.: Oregon Health + Science University, Portland, OR, U.S.A.
LANGUAGE: English
DOCUMENT TYPE: Journal

ABSTRACT:

A Phase II trial of p.o. celecoxib, irinotecan, fluorouracil and leucovorin in 23 patients with unresectable or metastatic colorectal cancer is reported. Hematologic toxicity was modest. Other side-effects were mainly GI symptoms with some cardiovascular toxicity. The combination was active with less neutropenia than expected from chemotherapy alone. Prophylactic aspirin is recommended. (conference abstract: 38th Annual Meeting of the American Society of Clinical Oncology, Orlando, Florida, USA, 2002).

SECTION HEADING: T Therapeutics
S Adverse Effects
V Vitamins

CLASSIF. CODE: 35 Adverse Reactions
42 Vitamins
51 Chemotherapy - clinical
64 Clinical Trials

CONTROLLED TERM:
METASTATIC *TR; COLON *TR; RECTUM *TR; INTESTINE *TR; GASTROENTEROPATHY *TR; NEOPLASM *TR; NEUTROPENIA *AE; DIARRHEA *AE; NAUSEA *AE; MYOCARD.INFARCT. *AE; APOPLEXY *AE; MARROW-DISEASE *AE; GASTROENTEROPATHY *AE; CARDIOPATHY *AE; CORONARY-DISEASE *AE; CEREBROVASCULAR-DISEASE *AE; CASES *FT; IN-VIVO *FT; PHASE-II *FT; CYTOSTATIC *FT; CYTOSTATIC-COMB. *FT; CLIN.TRIAL *FT; **COMB**. *FT
[01] **CELECOXIB** *TR; **CELECOXIB** *AE; DR9605582 *RN; P.O. *FT; ANALGESICS *FT; ANTIINFLAMMATORIES *FT; ANTIRHEUMATICS *FT; **CYCLOOXYGENASE-2-INHIBITORS** *FT; PROSTAGLANDIN-ANTAGONISTS *FT; TR *FT; AE *FT
CAS REGISTRY NO.: 169590-42-5
[02] FLUOROURACIL *TR; FLUOROURACIL *AE; FLUOROURA *RN; CYTOSTATICS *FT; THYMIDYLATE-SYNTHASE-INHIBITORS *FT; TR *FT; AE *FT
CAS REGISTRY NO.: 51-21-8
[03] **IRINOTECAN** *TR; **IRINOTECAN** *AE; CPT-11 *RN; CYTOSTATICS *FT; **TOPOISOMERASE-I-INHIBITORS** *FT; TOPOISOMERASE-INHIBITORS *FT; TR *FT; AE *FT
CAS REGISTRY NO.: 97682-44-5
[04] FOLINATE CALCIUM *TR; FOLINATE CALCIUM *AE; FOLINACA *RN; VITAMINS-B *FT; THYMIDYLATE-SYNTHASE-INHIBITORS *FT; TR *FT; AE *FT
CAS REGISTRY NO.: 1492-18-8
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature

L65 ANSWER 8 OF 26 DRUGU COPYRIGHT 2003 THOMSON DERWENT on STN
ACCESSION NUMBER: 2002-48871 DRUGU T V S
TITLE: A phase II trial of irinotecan (I), 5-fluorouracil (F), leucovorin (L) (IFL), celecoxib and glutamine as first line therapy for advanced colorectal cancer: a Hoosier Oncology Group study.
AUTHOR: Sweeney C; Seitz D; Ansari R; Chowhan N; Pletcher W; Vinson J; Stoner C; Sawi J; Loehrer P J
CORPORATE SOURCE: Univ.Indiana
LOCATION: Indianapolis, South Bend, New Albany; Elkhart, Ind., USA
SOURCE: ; Proc.Am.Soc.Clin.Oncol. (21, Pt. 2, 105b, 2002)
CODEN: ; 7790

AVAIL. OF DOC.: Indiana University, Indianapolis, IN, U.S.A.
LANGUAGE: English
DOCUMENT TYPE: Journal

ABSTRACT:

This phase II trial evaluated the IFL infusional combination, of irinotecan (I), 5-fluorouracil (F) and leucovorin (L), plus p.o. celecoxib and glutamine (as prophylaxis of chemotherapy-induced diarrhea), as first line therapy for advanced colorectal cancer in 23 patients. The overall response rate was 31%. Despite the co-administration of celecoxib and glutamine, the diarrhea associated with IFL remained a problem. However, the absence of grade 4 diarrhea, neutropenic fevers and the lower rate of grade 3/4 myelosuppression make this combination worthy of further evaluation. (conference abstract: 38th Annual Meeting of the American Society of Clinical Oncology, Orlando, Florida, USA, 2002).

SECTION HEADING: T Therapeutics
V Vitamins
S Adverse Effects

CLASSIF. CODE: 16 Gastrointestinal
35 Adverse Reactions
42 Vitamins
51 Chemotherapy - clinical
64 Clinical Trials

CONTROLLED TERM:

CASES *FT; IN-VIVO *FT; PHASE-II *FT; PROGNOSIS *FT; **COMB**. *FT; CLIN.TRIAL *FT

[01] **CELECOXIB** *TR; DIARRHEA *TR; GASTROENTEROPATHY *TR; DR9605582 *RN; ANTIDIARRHEIC *FT; P.O. *FT; PROPHYLAXIS *FT; ANALGESICS *FT; ANTIINFLAMMATORIES *FT; ANTIRHEUMATICS *FT; **CYCLOOXYGENASE-2-INHIBITORS** *FT; PROSTAGLANDIN-ANTAGONISTS *FT; CYCLOOXYGENASE-INHIBITORS *FT; TR *FT

CAS REGISTRY NO.: 169590-42-5

[02] GLUTAMINE *TR; DIARRHEA *TR; GASTROENTEROPATHY *TR; GLUTAMINE *RN; ANTIDIARRHEIC *FT; P.O. *FT; PROPHYLAXIS *FT; TR *FT

[03] **IRINOTECAN** *TR; **IRINOTECAN** *AE; ADVANCED *TR; COLORECTAL *TR; COLON *TR; RECTUM *TR; GASTROENTEROPATHY *TR; NEOPLASM *TR; DIARRHEA *AE; AGRANULOCYTOSIS *AE; DEHYDRATION *AE; VEIN *AE; THROMBOSIS *AE; GASTROENTEROPATHY *AE; MARROW-DISEASE *AE; CPT-11 *RN; CYTOSTATIC-COMB. *FT; PARENTERAL *FT; INFUSION *FT; CYTOSTATIC *FT; **COMB**. *FT; INJECTION *FT; CYTOSTATICS *FT; **TOPOISOMERASE-I-INHIBITORS** *FT; TOPOISOMERASE-INHIBITORS *FT; TR *FT; AE *FT

CAS REGISTRY NO.: 97682-44-5

[04] FLUOROURACIL *TR; FLUOROURACIL *AE; ADVANCED *TR; COLORECTAL *TR; COLON *TR; RECTUM *TR; GASTROENTEROPATHY *TR; NEOPLASM *TR; DIARRHEA *AE; AGRANULOCYTOSIS *AE; DEHYDRATION *AE; VEIN *AE; THROMBOSIS *AE; GASTROENTEROPATHY *AE; MARROW-DISEASE *AE; FLUOROURA *RN; CYTOSTATIC-COMB. *FT; PARENTERAL *FT; INFUSION *FT; CYTOSTATIC *FT; **COMB**. *FT; INJECTION *FT; CYTOSTATICS *FT; THYMIDYLATE-SYNTHASE-INHIBITORS *FT; TR *FT; AE *FT

CAS REGISTRY NO.: 51-21-8

[05] FOLINATE CALCIUM *TR; FOLINATE CALCIUM *AE; ADVANCED *TR; COLORECTAL *TR; COLON *TR; RECTUM *TR; GASTROENTEROPATHY *TR; NEOPLASM *TR; DIARRHEA *AE; AGRANULOCYTOSIS *AE; DEHYDRATION *AE; VEIN *AE; THROMBOSIS *AE; GASTROENTEROPATHY *AE; MARROW-DISEASE *AE; FOLINACA *RN; CYTOSTATIC-COMB. *FT; PARENTERAL *FT; INFUSION *FT; **COMB**. *FT; INJECTION

*FT; VITAMINS-B *FT; THYMIDYLATE-SYNTHASE-INHIBITORS *FT; TR *FT; AE *FT
CAS REGISTRY NO.: 1492-18-8
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature

L65 ANSWER 9 OF 26 DRUGU COPYRIGHT 2003 THOMSON DERWENT on STN
ACCESSION NUMBER: 2002-25976 DRUGU P
TITLE: Cyclooxygenase-2 (Cox-2) inhibition attenuates the growth and metastatic potential of colorectal carcinoma (CRC) in mice.
AUTHOR: Yao M; Lam E C; Kelly C R; Luk P; Kwong E C; Kargman S; Evans J F; Wolfe M M
LOCATION: Boston, Mass; West Point, Pa., USA; Montreal, Que., Can.
SOURCE: Gastroenterology (122, No. 4, Suppl., A4, 2002)
CODEN: GASTAB ISSN: 0016-5085
AVAIL. OF DOC.: No reprint address.
LANGUAGE: English
DOCUMENT TYPE: Journal

ABSTRACT:

It was determined whether p.o. rofecoxib, a specific cyclooxygenase-2 (COX-2) inhibitor, could reduce tumor growth and metastatic potential of colorectal carcinoma (CRC) (MC-26 cells) in-vivo in mice. The results showed that COX-2 inhibition with rofecoxib decreased the growth and liver metastatic potential of CRC in mice. COX-2 inhibition also augmented the antineoplastic properties of standard cytostatics, 5-fluorouracil (5-FU) plus leucovorin (LV, folinate calcium) and CPT-11 (irinotecan). It was concluded that the specific COX-2 inhibitor rofecoxib may have therapeutic benefit in metastatic CRC. (conference abstract: 103rd Annual Meeting of the American Gastroenterological Association, San Francisco, California, USA, 2002).

SECTION HEADING: P Pharmacology

CLASSIF. CODE: 52 Chemotherapy - non-clinical

CONTROLLED TERM:
CARCINOMA *OC; MC-26 *OC; ANIMAL-NEOPLASM *OC; IN-VIVO *FT; MOUSE *FT; **COMB.** *FT; CYTOSTATIC *FT; LAB.ANIMAL *FT
[01] ROFECOXIB *PH; DR9607965 *RN; ALONE *FT; P.O. *FT; **CYCLOOXYGENASE-2-INHIBITORS** *FT; PROSTAGLANDIN-ANTAGONISTS *FT; ANALGESICS *FT; ANTIINFLAMMATORIES *FT; PH *FT
[02] FLUOROURACIL *PH; FOLINATE-CALCIUM *RC; FLUOROURA *RN; CYTOSTATICS *FT; THYMIDYLATE-SYNTHASE-INHIBITORS *FT; PH *FT
CAS REGISTRY NO.: 51-21-8
[03] **IRINOTECAN** *PH; CPT-11 *RN; CYTOSTATICS *FT; **TOPOISOMERASE-I-INHIBITORS** *FT; TOPOISOMERASE-INHIBITORS *FT; PH *FT
CAS REGISTRY NO.: 97682-44-5
FIELD AVAIL.: AB; LA; CT
FILE SEGMENT: Literature

L65 ANSWER 10 OF 26 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
ACCESSION NUMBER: 2003120764 EMBASE
TITLE: Recent advances in the pharmacological treatment of colorectal cancer.
AUTHOR: Messersmith W.; Laheru D.; Hidalgo M.
CORPORATE SOURCE: Dr. M. Hidalgo, Sydney Kimmel Comprehen. Can. Ctr., 1650 Orleans Street, Baltimore, MD 21231-1000, United States. mhidalg1@jhmi.edu

SOURCE: Expert Opinion on Investigational Drugs, (1 Mar 2003) 12/3 (423-434).
Refs: 97
ISSN: 1354-3784 CODEN: EOIDER
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 016 Cancer
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
048 Gastroenterology
LANGUAGE: English
SUMMARY LANGUAGE: English

ABSTRACT:
Recent advances in the treatment of colorectal cancer have lead to significant gains in response rates and survival. The combination of newer agents such as irinotecan and oxaliplatin with 5-fluorouracil/leucovorin using various dosing schedules in the metastatic setting has resulted in a steady improvement in the outcome of patients with colorectal cancer. Experimental therapies such as epidermal growth factor receptor inhibitors, vascular endothelial growth factor inhibitors and cyclooxygenase-2 inhibitors, have shown promise in early clinical trials and have acceptable toxicity profiles. Efforts towards improving risk-stratification of stage II colorectal cancer patients and optimising therapy in patients with advanced disease, have focused on molecular and genetic markers. It is hoped that the addition of new therapies to existing drug combinations, as well as further advances in the understanding of colorectal cancer biology, will lead to further improvement in survival and quality of life for patients.

CONTROLLED TERM: Medical Descriptors:
*colorectal cancer: DI, diagnosis
*colorectal cancer: DT, drug therapy
*colorectal cancer: RT, radiotherapy
*colorectal cancer: SU, surgery
treatment planning
cancer survival
metastasis: DT, drug therapy
treatment outcome
risk assessment
cancer staging
advanced cancer: DI, diagnosis
advanced cancer: DT, drug therapy
advanced cancer: RT, radiotherapy
advanced cancer: SU, surgery
genetic marker
cancer combination chemotherapy
quality of life
diarrhea: SI, side effect
mucosa inflammation: SI, side effect
hand foot syndrome: SI, side effect
bone marrow suppression: SI, side effect
drug mechanism
drug efficacy
febrile neutropenia: SI, side effect
stroke: SI, side effect
heart infarction: SI, side effect
cardiovascular disease: SI, side effect
drug tolerability
human
clinical trial
review
Drug Descriptors:
*antineoplastic agent: AE, adverse drug reaction

*antineoplastic agent: CT, clinical trial
*antineoplastic agent: CB, drug combination
*antineoplastic agent: CM, drug comparison
*antineoplastic agent: DT, drug therapy
*antineoplastic agent: PD, pharmacology
*antineoplastic agent: IV, intravenous drug administration
*antineoplastic agent: PO, oral drug administration
irinotecan: AE, adverse drug reaction
irinotecan: CT, clinical trial
irinotecan: CB, drug combination
irinotecan: CM, drug comparison
irinotecan: DT, drug therapy
irinotecan: PD, pharmacology
oxaliplatin: AE, adverse drug reaction
oxaliplatin: CT, clinical trial
oxaliplatin: CB, drug combination
oxaliplatin: CM, drug comparison
oxaliplatin: DT, drug therapy
oxaliplatin: PD, pharmacology
fluorouracil: AE, adverse drug reaction
fluorouracil: CT, clinical trial
fluorouracil: CB, drug combination
fluorouracil: CM, drug comparison
fluorouracil: DT, drug therapy
fluorouracil: PD, pharmacology
fluorouracil: IV, intravenous drug administration
fluorouracil: PO, oral drug administration
folinic acid: AE, adverse drug reaction
folinic acid: CT, clinical trial
folinic acid: CB, drug combination
folinic acid: CM, drug comparison
folinic acid: DT, drug therapy
folinic acid: PD, pharmacology
epidermal growth factor receptor: EC, endogenous compound
vasculotropin inhibitor: AE, adverse drug reaction
vasculotropin inhibitor: CT, clinical trial
vasculotropin inhibitor: DT, drug therapy
cyclooxygenase 2 inhibitor: AE, adverse drug reaction
cyclooxygenase 2 inhibitor: CT, clinical trial
cyclooxygenase 2 inhibitor: DT, drug therapy
floxuridine phosphate
levamisole: CT, clinical trial
levamisole: CB, drug combination
levamisole: DT, drug therapy
edrecolomab: AE, adverse drug reaction
edrecolomab: CT, clinical trial
edrecolomab: CB, drug combination
edrecolomab: CM, drug comparison
edrecolomab: DT, drug therapy
edrecolomab: PD, pharmacology
capecitabine: AE, adverse drug reaction
capecitabine: CT, clinical trial
capecitabine: CB, drug combination
capecitabine: CM, drug comparison
capecitabine: DT, drug therapy
capecitabine: PO, oral drug administration
UFT: CT, clinical trial
UFT: CB, drug combination
UFT: CM, drug comparison
UFT: DT, drug therapy
fluoropyrimidine derivative: AE, adverse drug reaction
fluoropyrimidine derivative: CT, clinical trial
fluoropyrimidine derivative: CB, drug combination

fluoropyrimidine derivative: CM, drug comparison
fluoropyrimidine derivative: DT, drug therapy
fluoropyrimidine derivative: PO, oral drug administration
gefitinib: CT, clinical trial
gefitinib: CB, drug combination
gefitinib: DT, drug therapy
gefitinib: PD, pharmacology
gefitinib: PO, oral drug administration
erlotinib: CT, clinical trial
erlotinib: DT, drug therapy
erlotinib: PO, oral drug administration
n [4 (3 chloro 4 fluoroanilino) 7 (3 morpholinopropoxy) 6 quinazolinyl]acrylamide: CT, clinical trial
n [4 (3 chloro 4 fluoroanilino) 7 (3 morpholinopropoxy) 6 quinazolinyl]acrylamide: DT, drug therapy
n [4 (3 chloro 4 fluoroanilino) 7 (3 morpholinopropoxy) 6 quinazolinyl]acrylamide: PO, oral drug administration
6 (4 hydroxyphenyl) 4 (alpha methylbenzylamino) 7h pyrrolo[2,3 d]pyrimidine: CT, clinical trial
6 (4 hydroxyphenyl) 4 (alpha methylbenzylamino) 7h pyrrolo[2,3 d]pyrimidine: DT, drug therapy
6 (4 hydroxyphenyl) 4 (alpha methylbenzylamino) 7h pyrrolo[2,3 d]pyrimidine: PO, oral drug administration
4 (3 chloro 4 fluoroanilino) 3 cyano 6 (4 dimethylaminocrotonamido) 7 ethoxyquinoline: CT, clinical trial
4 (3 chloro 4 fluoroanilino) 3 cyano 6 (4 dimethylaminocrotonamido) 7 ethoxyquinoline: DT, drug therapy
4 (3 chloro 4 fluoroanilino) 3 cyano 6 (4 dimethylaminocrotonamido) 7 ethoxyquinoline: PO, oral drug administration
protein tyrosine kinase inhibitor: CT, clinical trial
protein tyrosine kinase inhibitor: DT, drug therapy
protein tyrosine kinase inhibitor: PO, oral drug administration
cetuximab: CT, clinical trial
cetuximab: CB, drug combination
cetuximab: DT, drug therapy
cetuximab: PD, pharmacology
cetuximab: IV, intravenous drug administration
angiogenesis inhibitor: DT, drug therapy
angiogenesis inhibitor: PD, pharmacology
angiostatin: DT, drug therapy
angiostatin: PD, pharmacology
endostatin: DT, drug therapy
endostatin: PD, pharmacology
bevacizumab: CT, clinical trial
bevacizumab: CB, drug combination
bevacizumab: DT, drug therapy
bevacizumab: PD, pharmacology
bevacizumab: IV, intravenous drug administration
3 [(3,5 dimethyl 1h pyrrol 2 yl)methylene] 1,3 dihydro 2h indol 2 one: CT, clinical trial
3 [(3,5 dimethyl 1h pyrrol 2 yl)methylene] 1,3 dihydro 2h indol 2 one: DT, drug therapy
3 [(3,5 dimethyl 1h pyrrol 2 yl)methylene] 1,3 dihydro 2h indol 2 one: IV, intravenous drug administration
celecoxib: AE, adverse drug reaction
celecoxib: CT, clinical trial
celecoxib: CB, drug combination
celecoxib: CM, drug comparison
celecoxib: DT, drug therapy

celecoxib: PD, pharmacology
rofecoxib: AE, adverse drug reaction
rofecoxib: CT, clinical trial
rofecoxib: DT, drug therapy
rofecoxib: PD, pharmacology
r 115777: CT, clinical trial
r 115777: DT, drug therapy
r 115777: PD, pharmacology
r 115777: PO, oral drug administration
unindexed drug
farnestra

CAS REGISTRY NO.: (irinotecan) 100286-90-6; (oxaliplatin) 61825-94-3; (fluorouracil) 51-21-8; (folinic acid) 58-05-9, 68538-85-2; (floxuridine phosphate) 134-46-3; (levamisole) 14769-73-4, 16595-80-5; (capecitabine) 154361-50-9; (UFT) 74578-38-4; (gefitinib) 184475-35-2, 184475-55-6, 184475-56-7; (erlotinib) 183319-69-9; (n [4 (3 chloro 4 fluoroanilino) 7 (3 morpholinopropoxy) 6 quinazolinyl]acrylamide) 267243-28-7, 338796-35-3; (4 (3 chloro 4 fluoroanilino) 3 cyano 6 (4 dimethylaminocrotonamido) 7 ethoxyquinoline) 257933-82-7; (cetuximab) 205923-56-4; (angiostatin) 172642-30-7, 86090-08-6; (endostatin) 187888-07-9; (bevacizumab) 216974-75-3; (3 [(3,5 dimethyl 1h pyrrol 2 yl)methylene] 1,3 dihydro 2h indol 2 one) 186610-95-7; (celecoxib) 169590-42-5; (rofecoxib) 162011-90-7, 186912-82-3

CHEMICAL NAME: (1) Iressa; (2) Zd 1839; (3) Osi 774; (4) Tarceva; (5) C 225; (6) Erbitux; (7) Osi 774; (8) Tarceva; (9) Osi 774; (10) Tarceva; (11) C 225; (12) Erbitux; (13) Avastin; (14) R 115777; (15) Farnestra; (16) Vioxx; (17) Su 5416; Cpt 11; Ci 1033; Pki 166; Ekb 569; Angiostatin; Endostatin; Celebrex

COMPANY NAME: (2) Astra Zeneca; (4) Hoffmann La Roche; (6) Imclone; (10) OSIP; (12) Bristol Myers Squibb; (13) Genentech; (15) Johnson and Johnson; (16) Merck; (17) Sugen; Abgenix

L65 ANSWER 11 OF 26 EMBASE
on STN

ACCESSION NUMBER: 2003339368 EMBASE
TITLE: Current review of chemotherapy for colorectal cancer: A European perspective.
AUTHOR: Kohne C.-H.
CORPORATE SOURCE: Dr. C.-H. Kohne, Medizinische Klinik und Poliklinik I, Univ. Klin. Carl Gustav Carus, Fetscherstr. 74, D-01307 Dresden, Germany
SOURCE: Biotherapy, (2003) 17/4 (368-378).
Refs: 54
ISSN: 0914-2223 CODEN: BITPE
COUNTRY: Japan
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 016 Cancer
037 Drug Literature Index
038 Adverse Reactions Titles
048 Gastroenterology
LANGUAGE: English
SUMMARY LANGUAGE: English
ABSTRACT:
New drugs have improved efficacy or convenience of treatment in metastatic colorectal cancer. The oral fluoropyrimidines UFT and capecitabine mimic a protracted 5-FU administration and may avoid intravenous application. They are less toxic and equally effective as a modulated intravenous 5-FU bolus application. First-line therapy with irinotecan or oxaliplatin and 5-FU/folinic acid (FA) may induce an objective response in up to 50% of patients and allows

neoadjuvant concepts in unresectable liver metastasis. The combination therapy increased progression-free survival and irinotecan/5-FU/FA improved overall survival when compared to 5-FU/FA. Sequential treatment of infusional 5-FU plus oxaliplatin or irinotecan results in a median survival exceeding 20 months. A second-line therapy should be offered to all patients since both drugs are active, and irinotecan increased survival in phase III trials. New targets in treatment of colorectal cancer are the EGF and VEGF receptors. The monoclonal EGFR antibody cetuximab is active in second-line therapy and could induce a high response rate in first-line therapy, and is underdevelopment.

CONTROLLED TERM:

Medical Descriptors:
*colorectal cancer: DT, drug therapy
cancer combination chemotherapy
drug efficacy
liver metastasis: CO, complication
liver metastasis: DT, drug therapy
cancer survival
outcomes research
cancer adjuvant therapy
drug metabolism
drug safety
neutropenia: SI, side effect
stomatitis: SI, side effect
hand foot syndrome: SI, side effect
diarrhea: SI, side effect
abdominal cramp: SI, side effect
thromboembolism: SI, side effect
heart infarction: SI, side effect
lung embolism: SI, side effect
cerebrovascular disease: SI, side effect
drug mechanism
neurotoxicity: SI, side effect
thrombocytopenia: SI, side effect
cancer regression
oncogene neu
acne: SI, side effect
folliculitis: SI, side effect
human
clinical trial
review
Drug Descriptors:
*fluoropyrimidine derivative: AE, adverse drug reaction
*fluoropyrimidine derivative: CT, clinical trial
*fluoropyrimidine derivative: CB, drug combination
*fluoropyrimidine derivative: CM, drug comparison
*fluoropyrimidine derivative: DT, drug therapy
*fluoropyrimidine derivative: PK, pharmacokinetics
*UFT: AE, adverse drug reaction
*UFT: CT, clinical trial
*UFT: CB, drug combination
*UFT: CM, drug comparison
*UFT: DT, drug therapy
*UFT: PK, pharmacokinetics
*irinotecan: AE, adverse drug reaction
*irinotecan: CT, clinical trial
***irinotecan: CB, drug combination**
*irinotecan: CM, drug comparison
*irinotecan: DT, drug therapy
*irinotecan: PK, pharmacokinetics
*irinotecan: PD, pharmacology
*irinotecan: IV, intravenous drug administration
*folinic acid: AE, adverse drug reaction
*folinic acid: CT, clinical trial

*folinic acid: CB, drug combination
*folinic acid: DT, drug therapy
*folinic acid: PK, pharmacokinetics
*folinic acid: IV, intravenous drug administration
*oxaliplatin: AE, adverse drug reaction
*oxaliplatin: CT, clinical trial
*oxaliplatin: CB, drug combination
*oxaliplatin: CM, drug comparison
*oxaliplatin: IT, drug interaction
*oxaliplatin: DT, drug therapy
*oxaliplatin: PK, pharmacokinetics
*oxaliplatin: PD, pharmacology
*oxaliplatin: IV, intravenous drug administration
*cetuximab: AE, adverse drug reaction
*cetuximab: CT, clinical trial
*cetuximab: CB, drug combination
*cetuximab: DT, drug therapy
*cetuximab: PK, pharmacokinetics
*cetuximab: PD, pharmacology
epidermal growth factor
vasculotropin
monoclonal antibody
capecitabine: AE, adverse drug reaction
capecitabine: CT, clinical trial
capecitabine: CB, drug combination
capecitabine: DT, drug therapy
capecitabine: PK, pharmacokinetics
capecitabine: PD, pharmacology
tegafur: AE, adverse drug reaction
tegafur: CT, clinical trial
tegafur: CB, drug combination
tegafur: DT, drug therapy
tegafur: PK, pharmacokinetics
tegafur: PD, pharmacology
fluorouracil: AE, adverse drug reaction
fluorouracil: CT, clinical trial
fluorouracil: CB, drug combination
fluorouracil: CM, drug comparison
fluorouracil: IT, drug interaction
fluorouracil: DT, drug therapy
fluorouracil: PK, pharmacokinetics
fluorouracil: PD, pharmacology
fluorouracil: IV, intravenous drug administration
loperamide
antibiotic agent
cyclooxygenase 2 inhibitor: CT, clinical trial
cyclooxygenase 2 inhibitor: CB, drug combination
cyclooxygenase 2 inhibitor: DT, drug therapy
cyclooxygenase 2 inhibitor: PD, pharmacology
epidermal growth factor receptor
gefitinib: DT, drug therapy
protein tyrosine kinase inhibitor: DT, drug therapy
erlotinib: DT, drug therapy
4 (3 chloro 4 fluoroanilino) 3 cyano 6 (4 dimethylaminocrotonamido) 7 ethoxyquinoline: DT, drug therapy
6 (4 hydroxyphenyl) 4 (alpha methylbenzylamino) 7h pyrrolo[2,3 d]pyrimidine: DT, drug therapy
n [4 (3 chloro 4 fluoroanilino) 7 (3 morpholinopropoxy) 6 quinazolinyl]acrylamide: DT, drug therapy
vasculotropin receptor
bevacizumab: CT, clinical trial
bevacizumab: CB, drug combination

bevacizumab: CM, drug comparison
bevacizumab: DT, drug therapy
1 (4 chloroanilino) 4 (4 pyridylmethyl)phthalazine: DT, drug therapy
3 [(3,5 dimethyl 1h pyrrol 2 yl)methylene] 1,3 dihydro 2h indol 2 one: DT, drug therapy
2,4 dimethyl 5 (2 oxo 1h indol 3 ylmethylene) 3 pyrrolepropionic acid: DT, drug therapy

CAS REGISTRY NO.: (UFT) 74578-38-4; (irinotecan) 100286-90-6; (folinic acid) 58-05-9, 68538-85-2; (oxaliplatin) 61825-94-3; (cetuximab) 205923-56-4; (epidermal growth factor) 62229-50-9; (vasculotropin) 127464-60-2; (capecitabine) 154361-50-9; (tegafur) 17902-23-7; (fluorouracil) 51-21-8; (loperamide) 34552-83-5, 53179-11-6; (gefitinib) 184475-35-2, 184475-55-6, 184475-56-7; (erlotinib) 183319-69-9; (4 (3 chloro 4 fluoroanilino) 3 cyano 6 (4 dimethylaminocrotonamido) 7 ethoxyquinoline) 257933-82-7; (n [4 (3 chloro 4 fluoroanilino) 7 (3 morpholinopropoxy) 6 quinazolinyl]acrylamide) 267243-28-7, 338796-35-3; (vasculotropin receptor) 301253-48-5; (bevacizumab) 216974-75-3; (1 (4 chloroanilino) 4 (4 pyridylmethyl)phthalazine) 212142-18-2; (3 [(3,5 dimethyl 1h pyrrol 2 yl)methylene] 1,3 dihydro 2h indol 2 one) 186610-95-7; (2,4 dimethyl 5 (2 oxo 1h indol 3 ylmethylene) 3 pyrrolepropionic acid) 252916-29-3

CHEMICAL NAME: Osi 774; Ekb 569; Pki 166; Ci 1033; Zd 1839; Ptk 787; Su 5416; Su 6668

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ACCESSION NUMBER: 2003267460 EMBASE

TITLE: Role of cyclooxygenase-2 inhibitors in combination with radiation therapy in lung cancer.

AUTHOR: Liao Z.; Komaki R.; Mason K.A.; Milas L.

CORPORATE SOURCE: Dr. Z. Liao, Division of Radiation Oncology, University of Texas, M. D. Anderson Cancer Center, 1515 Holcombe Blvd, Houston, TX 77030, United States. zliao@mdanderson.org

SOURCE: Clinical Lung Cancer, (2003) 4/6 (356-365).
Refs: 114
ISSN: 1525-7304 CODEN: CLCLCA

COUNTRY: United States

DOCUMENT TYPE: Journal; General Review

FILE SEGMENT:
014 Radiology
015 Chest Diseases, Thoracic Surgery and Tuberculosis
016 Cancer
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles

LANGUAGE: English

SUMMARY LANGUAGE: English

ABSTRACT:

Cyclooxygenase-2 (COX-2) is an enzyme involved in prostaglandin production in pathologic states such as inflammatory disorders and cancer. The enzyme is often overexpressed in premalignant lesions and cancer of the lung. Overexpression of COX-2 in lung cancer is associated with more aggressive biological tumor behavior and adverse patient outcome. In preclinical studies, inhibition of this enzyme with selective COX-2 inhibitors enhances tumor response to radiation and chemotherapeutic agents. These findings have been rapidly advanced to clinical oncology. Clinical trials of the combination of selective COX-2 inhibitors with radiation therapy, chemotherapy, or both in patients with lung cancer have been initiated and some preliminary results are available. In this review, we describe the relationship between overexpression of COX-2 and lung cancer, the antitumor effect of selective COX-2 inhibitors,

discuss the rationale for using selective COX-2 inhibitors combined with radiation therapy and chemotherapy, and summarize current clinical protocols and initial findings.

CONTROLLED TERM: Medical Descriptors:
***lung cancer: DT, drug therapy**
***lung cancer: RT, radiotherapy**
prostaglandin synthesis
gene overexpression
precancer
treatment outcome
enzyme inhibition
clinical protocol
radiosensitivity
drug effect
drug efficacy
drug mechanism
drug potentiation
dose response
maximum tolerated dose
antineoplastic activity
gastrointestinal toxicity: SI, side effect
diarrhea: SI, side effect
digestive system ulcer: SI, side effect
gastrointestinal hemorrhage: SI, side effect
heart infarction: SI, side effect
esophagitis: CO, complication
esophagitis: SI, side effect
pneumonia: CO, complication
pneumonia: SI, side effect
human
nonhuman
clinical trial
review
Drug Descriptors:
*cyclooxygenase 2 inhibitor: AE, adverse drug reaction
*cyclooxygenase 2 inhibitor: CT, clinical trial
***cyclooxygenase 2 inhibitor: CB, drug combination**
*cyclooxygenase 2 inhibitor: CM, drug comparison
*cyclooxygenase 2 inhibitor: DO, drug dose
*cyclooxygenase 2 inhibitor: IT, drug interaction
*cyclooxygenase 2 inhibitor: DT, drug therapy
*cyclooxygenase 2 inhibitor: PD, pharmacology
cyclooxygenase 2: EC, endogenous compound
prostaglandin: EC, endogenous compound
nonsteroid antiinflammatory agent: AE, adverse drug reaction
nonsteroid antiinflammatory agent: CM, drug comparison
nonsteroid antiinflammatory agent: DT, drug therapy
nonsteroid antiinflammatory agent: PD, pharmacology
n (2 cyclohexyloxy 4 nitrophenyl)methanesulfonamide: DT, drug therapy
n (2 cyclohexyloxy 4 nitrophenyl)methanesulfonamide: PD, pharmacology
celecoxib: AE, adverse drug reaction
celecoxib: CT, clinical trial
celecoxib: CM, drug comparison
celecoxib: DO, drug dose
celecoxib: DT, drug therapy
celecoxib: PD, pharmacology
indometacin: AE, adverse drug reaction
indometacin: DT, drug therapy
indometacin: PD, pharmacology

prostaglandin inhibitor: AE, adverse drug reaction
prostaglandin inhibitor: CT, clinical trial
prostaglandin inhibitor: CB, drug combination
prostaglandin inhibitor: CM, drug comparison
prostaglandin inhibitor: DO, drug dose
prostaglandin inhibitor: IT, drug interaction
prostaglandin inhibitor: DT, drug therapy
prostaglandin inhibitor: PD, pharmacology
ibuprofen: AE, adverse drug reaction
ibuprofen: CM, drug comparison
ibuprofen: DT, drug therapy
ibuprofen: PD, pharmacology
4 [5 (4 chlorophenyl) 3 trifluoromethyl 1h pyrazol 1 yl]benzenesulfonamide: DT, drug therapy
4 [5 (4 chlorophenyl) 3 trifluoromethyl 1h pyrazol 1 yl]benzenesulfonamide: PD, pharmacology
angiogenesis inhibitor: AE, adverse drug reaction
angiogenesis inhibitor: CT, clinical trial
angiogenesis inhibitor: CB, drug combination
angiogenesis inhibitor: CM, drug comparison
angiogenesis inhibitor: DO, drug dose
angiogenesis inhibitor: IT, drug interaction
angiogenesis inhibitor: DT, drug therapy
angiogenesis inhibitor: PD, pharmacology
anthracycline derivative: CB, drug combination
anthracycline derivative: IT, drug interaction
anthracycline derivative: DT, drug therapy
anthracycline derivative: PD, pharmacology
doxorubicin: CB, drug combination
doxorubicin: IT, drug interaction
doxorubicin: DT, drug therapy
doxorubicin: PD, pharmacology
daunorubicin: CB, drug combination
daunorubicin: IT, drug interaction
daunorubicin: DT, drug therapy
daunorubicin: PD, pharmacology
epirubicin: CB, drug combination
epirubicin: IT, drug interaction
epirubicin: DT, drug therapy
epirubicin: PD, pharmacology
irinotecan: AE, adverse drug reaction
irinotecan: CB, drug combination
irinotecan: IT, drug interaction
irinotecan: DT, drug therapy
irinotecan: PD, pharmacology
diclofenac: AE, adverse drug reaction
diclofenac: CM, drug comparison
diclofenac: DT, drug therapy
diclofenac: PD, pharmacology
rofecoxib: AE, adverse drug reaction
rofecoxib: CM, drug comparison
rofecoxib: DT, drug therapy
rofecoxib: PD, pharmacology
naproxen: AE, adverse drug reaction
naproxen: CM, drug comparison
naproxen: DT, drug therapy
naproxen: PD, pharmacology
docetaxel: CT, clinical trial
docetaxel: CB, drug combination
docetaxel: DT, drug therapy
docetaxel: PD, pharmacology
carboplatin: AE, adverse drug reaction
carboplatin: CT, clinical trial

carboplatin: CB, drug combination
carboplatin: DT, drug therapy
carboplatin: PD, pharmacology
paclitaxel: AE, adverse drug reaction
paclitaxel: CT, clinical trial
paclitaxel: CB, drug combination
paclitaxel: DT, drug therapy
paclitaxel: PD, pharmacology

CAS REGISTRY NO.: (n (2 cyclohexyloxy 4 nitrophenyl)methanesulfonamide) 123653-11-2; (celecoxib) 169590-42-5; (indometacin) 53-86-1, 74252-25-8, 7681-54-1; (ibuprofen) 15687-27-1; (4 [5 (4 chlorophenyl) 3 trifluoromethyl 1h pyrazol 1 yl]benzenesulfonamide) 170569-86-5; (doxorubicin) 23214-92-8, 25316-40-9; (daunorubicin) 12707-28-7, 20830-81-3, 23541-50-6; (epirubicin) 56390-09-1, 56420-45-2; (irinotecan) 100286-90-6; (diclofenac) 15307-79-6, 15307-86-5; (rofecoxib) 162011-90-7, 186912-82-3; (naproxen) 22204-53-1, 26159-34-2; (docetaxel) 114977-28-5; (carboplatin) 41575-94-4; (paclitaxel) 33069-62-4

CHEMICAL NAME: Ns 398; Sc 236

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ACCESSION NUMBER: 2003359485 EMBASE

TITLE: Targeted therapies: Focus on a new strategy for gastrointestinal tumors.

AUTHOR: Nicolella D.; Maione P.; Gridelli C.

CORPORATE SOURCE: C. Gridelli, Division of Medical Oncology, 'S.G. Moscati' Hospital, Via Circumvallazione, Avellino 83100, Italy. cgridelli@libero.it

SOURCE: Critical Reviews in Oncology/Hematology, (1 Sep 2003) 47/3 (261-271).
Refs: 70
ISSN: 1040-8428 CODEN: CCRHEC

COUNTRY: Ireland

DOCUMENT TYPE: Journal; General Review

FILE SEGMENT: 016 Cancer
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
048 Gastroenterology

LANGUAGE: English

SUMMARY LANGUAGE: English

ABSTRACT:

In the last few years the knowledge of molecular oncology has led to the development of many new biological agents whose targets are extracellular or intracellular molecules involved in the main signalling pathways that play major roles in cancer development. These agents represent a new approach to gastrointestinal malignancies, as for many other types of tumors; preliminary data show that targeted therapy may enhance activity of chemotherapeutic agents (i.e. cetuximab in metastatic colorectal cancer (CRC)) or be active as monotherapy (i.e. imatinib in gastro-intestinal stromal tumors). Despite the encouraging preclinical results, the majority of these compounds have not yet produced convincing clinical results. However, these new agents raise a new challenge in the treatment of gastrointestinal cancers, especially for CRC.

CONTROLLED TERM: Medical Descriptors:
*gastrointestinal tumor: DT, drug therapy
*colorectal carcinoma: DT, drug therapy
***cancer chemotherapy**
signal transduction

cancer patient
acne: SI, side effect
allergic reaction: SI, side effect
rash: SI, side effect
folliculitis: SI, side effect
diarrhea: SI, side effect
neutropenia: SI, side effect
breast carcinoma: DT, drug therapy
gastrointestinal symptom: SI, side effect
abdominal pain: SI, side effect
nausea: SI, side effect
skin toxicity: SI, side effect
gastrointestinal toxicity: SI, side effect
blood toxicity: SI, side effect
chemotherapy induced emesis: SI, side effect
edema: SI, side effect
ankle edema: SI, side effect
peripheral edema: SI, side effect
drug tolerability
fatigue: SI, side effect
bone marrow suppression: SI, side effect
malaise: SI, side effect
anemia: SI, side effect
deep vein thrombosis: SI, side effect
liver metastasis: DT, drug therapy
constipation: SI, side effect
peripheral neuropathy: SI, side effect
polyarthritis: SI, side effect
human
clinical trial
review
Drug Descriptors:
*epidermal growth factor receptor antibody: AE, adverse drug reaction
*epidermal growth factor receptor antibody: CT, clinical trial
*epidermal growth factor receptor antibody: CB, drug combination
*epidermal growth factor receptor antibody: DT, drug therapy
*protein farnesyltransferase inhibitor: AE, adverse drug reaction
*protein farnesyltransferase inhibitor: CT, clinical trial
*protein farnesyltransferase inhibitor: DT, drug therapy
*protein farnesyltransferase inhibitor: PD, pharmacology
*angiogenesis inhibitor: AE, adverse drug reaction
*angiogenesis inhibitor: CT, clinical trial
*angiogenesis inhibitor: CB, drug combination
*angiogenesis inhibitor: DT, drug therapy
*angiogenesis inhibitor: PD, pharmacology
*cyclooxygenase 2 inhibitor: CT, clinical trial
***cyclooxygenase 2 inhibitor: CB, drug combination**
*cyclooxygenase 2 inhibitor: DT, drug therapy
*matrix metalloproteinase inhibitor: AE, adverse drug reaction
*matrix metalloproteinase inhibitor: CT, clinical trial
*matrix metalloproteinase inhibitor: CB, drug combination
*matrix metalloproteinase inhibitor: DO, drug dose
*matrix metalloproteinase inhibitor: DT, drug therapy
cetuximab: AE, adverse drug reaction
cetuximab: CT, clinical trial
cetuximab: CB, drug combination
cetuximab: DT, drug therapy

trastuzumab: CT, clinical trial
trastuzumab: CB, drug combination
trastuzumab: DT, drug therapy
edrecolomab: AE, adverse drug reaction
edrecolomab: CT, clinical trial
edrecolomab: CB, drug combination
edrecolomab: DT, drug therapy
edrecolomab: IV, intravenous drug administration
gefitinib: AE, adverse drug reaction
gefitinib: CT, clinical trial
gefitinib: CB, drug combination
gefitinib: DO, drug dose
gefitinib: DT, drug therapy
gefitinib: PO, oral drug administration
imatinib: AE, adverse drug reaction
imatinib: CT, clinical trial
imatinib: DT, drug therapy
imatinib: PO, oral drug administration
bevacizumab: AE, adverse drug reaction
bevacizumab: CT, clinical trial
bevacizumab: CB, drug combination
bevacizumab: DT, drug therapy
bevacizumab: PD, pharmacology
bevacizumab: IV, intravenous drug administration
thalidomide: AE, adverse drug reaction
thalidomide: CT, clinical trial
thalidomide: CB, drug combination
thalidomide: DO, drug dose
thalidomide: DT, drug therapy
thalidomide: IV, intravenous drug administration
irinotecan: CB, drug combination
irinotecan: DT, drug therapy
irinotecan: IV, intravenous drug administration
fluorouracil: CB, drug combination
fluorouracil: DT, drug therapy
isis 2503: PD, pharmacology
r 115777: AE, adverse drug reaction
r 115777: CT, clinical trial
r 115777: CB, drug combination
r 115777: DT, drug therapy
r 115777: PD, pharmacology
4 [2 [4 (3,10 dibromo 8 chloro 6,11 dihydro 5h benzo[5,6]cyclohepta[1,2 b]pyridin 11 yl) 1 piperidinyl] 2 oxoethyl] 1 piperidinecarboxamide: AE, adverse drug reaction
4 [2 [4 (3,10 dibromo 8 chloro 6,11 dihydro 5h benzo[5,6]cyclohepta[1,2 b]pyridin 11 yl) 1 piperidinyl] 2 oxoethyl] 1 piperidinecarboxamide: CT, clinical trial
4 [2 [4 (3,10 dibromo 8 chloro 6,11 dihydro 5h benzo[5,6]cyclohepta[1,2 b]pyridin 11 yl) 1 piperidinyl] 2 oxoethyl] 1 piperidinecarboxamide: CB, drug combination
4 [2 [4 (3,10 dibromo 8 chloro 6,11 dihydro 5h benzo[5,6]cyclohepta[1,2 b]pyridin 11 yl) 1 piperidinyl] 2 oxoethyl] 1 piperidinecarboxamide: DT, drug therapy
4 [2 [4 (3,10 dibromo 8 chloro 6,11 dihydro 5h benzo[5,6]cyclohepta[1,2 b]pyridin 11 yl) 1 piperidinyl] 2 oxoethyl] 1 piperidinecarboxamide: PD, pharmacology
4 [2 [4 (3,10 dibromo 8 chloro 6,11 dihydro 5h benzo[5,6]cyclohepta[1,2 b]pyridin 11 yl) 1 piperidinyl] 2 oxoethyl] 1 piperidinecarboxamide: PO, oral drug administration
cgp 69846a: PD, pharmacology
gemcitabine: CB, drug combination

gemcitabine: DT, drug therapy
vasculotropin antibody: CT, clinical trial
vasculotropin antibody: DO, drug dose
vasculotropin antibody: DT, drug therapy
vasculotropin antibody: PD, pharmacology
marimastat: AE, adverse drug reaction
marimastat: CT, clinical trial
marimastat: CB, drug combination
marimastat: DO, drug dose
marimastat: DT, drug therapy
celecoxib: CB, drug combination
celecoxib: DT, drug therapy
erlotinib
zarnestra
lonafarnib
3 benzyl 7 cyano 2,3,4,5 tetrahydro 1 (1h imidazol 4 ylmethyl) 4 (2 thienylsulfonyl) 1h 1,4 benzodiazepine
ci 1040
2,4 dimethyl 5 (2 oxo 1h indol 3 ylmethylene) 3 pyrrolepropionic acid
zd 6474

CAS REGISTRY NO.: (cetuximab) 205923-56-4; (trastuzumab) 180288-69-1; (gefitinib) 184475-35-2, 184475-55-6, 184475-56-7; (imatinib) 152459-95-5, 220127-57-1; (bevacizumab) 216974-75-3; (thalidomide) 50-35-1; (irinotecan) 100286-90-6; (fluorouracil) 51-21-8; (isis 2503) 149957-14-2; (4 [2 [4 (3,10 dibromo 8 chloro 6,11 dihydro 5h benzo[5,6]cyclohepta[1,2 b]pyridin 11 yl) 1 piperidinyl] 2 oxoethyl] 1 piperidinecarboxamide) 193275-84-2; (cgp 69846a) 177075-18-2; (gemcitabine) 103882-84-4; (marimastat) 154039-60-8; (celecoxib) 169590-42-5; (erlotinib) 183319-69-9; (3 benzyl 7 cyano 2,3,4,5 tetrahydro 1 (1h imidazol 4 ylmethyl) 4 (2 thienylsulfonyl) 1h 1,4 benzodiazepine) 195981-08-9, 195987-41-8; (2,4 dimethyl 5 (2 oxo 1h indol 3 ylmethylene) 3 pyrrolepropionic acid) 252916-29-3

CHEMICAL NAME: Marimastat; Zd 6474; Su 6668; Avastin; Ci 1040; Isis 5132; Bms 214662; Lonafarnib; Zarnestra; Isis 2503; Tarceva; Panorex; Herceptin; Erbitux; Gleevec; Iressa

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ACCESSION NUMBER: 2003051342 EMBASE
TITLE: Cyclooxygenase 2: A molecular target for cancer prevention and treatment.
AUTHOR: Subbaramaiah K.; Dannenberg A.J.
CORPORATE SOURCE: A.J. Dannenberg, Weill Med. Coll. of Cornell Univ., Dept. of Medicine, 525 East 68th Street, New York, NY 10021, United States. ajdannen@med.cornell.edu
SOURCE: Trends in Pharmacological Sciences, (1 Feb 2003) 24/2 (96-102).
Refs: 66
ISSN: 0165-6147 CODEN: TPHSDY
PUBLISHER IDENT.: S 0165-6147(02)00043-3
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 005 General Pathology and Pathological Anatomy
016 Cancer
030 Pharmacology
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ABSTRACT:

Cyclooxygenase2 (COX-2), an inducible prostaglandin G/H synthase, is overexpressed in several human cancers. Here, the potential utility of selective COX-2 inhibitors in the prevention and treatment of cancer is considered. The mechanisms by which COX-2 levels increase in cancers, key data that indicate a causal link between increased COX-2 activity and tumorigenesis, and possible mechanisms of action of COX-2 are discussed. In a proof-of-principle clinical trial, treatment with the selective COX-2 inhibitor celecoxib reduced the number of colorectal polyps in patients with familial adenomatous polyposis. Selective COX-2 inhibitors appear to be sufficiently safe to permit large-scale clinical testing and numerous clinical trials are currently under way to determine whether selective inhibitors of COX-2 are effective in the prevention and treatment of cancer.

CONTROLLED TERM: Medical Descriptors:
***cancer chemotherapy**
*cancer prevention
*colorectal carcinoma: DT, drug therapy
*lung non small cell cancer: DT, drug therapy
*prostate carcinoma: DT, drug therapy
drug targeting
enzyme activity
carcinogenesis
adenomatous polyp: DT, drug therapy
prostaglandin synthesis
protein expression
multidrug resistance
transcription regulation
human
clinical trial
review
priority journal
Drug Descriptors:
*cyclooxygenase 2: EC, endogenous compound
cyclooxygenase 2 inhibitor: CT, clinical trial
cyclooxygenase 2 inhibitor: CB, drug combination
cyclooxygenase 2 inhibitor: DT, drug therapy
cyclooxygenase 2 inhibitor: PD, pharmacology
celecoxib: CT, clinical trial
celecoxib: CB, drug combination
celecoxib: DT, drug therapy
celecoxib: PD, pharmacology
irinotecan: CT, clinical trial
irinotecan: CB, drug combination
irinotecan: DT, drug therapy
irinotecan: PD, pharmacology
fluorouracil: CT, clinical trial
fluorouracil: CB, drug combination
fluorouracil: DT, drug therapy
fluorouracil: PD, pharmacology
folinic acid: CT, clinical trial
folinic acid: CB, drug combination
folinic acid: DT, drug therapy
folinic acid: PD, pharmacology
paclitaxel: CT, clinical trial
paclitaxel: CB, drug combination
paclitaxel: DT, drug therapy
paclitaxel: PD, pharmacology
carboplatin: CT, clinical trial
carboplatin: CB, drug combination
carboplatin: DT, drug therapy
carboplatin: PD, pharmacology

CAS REGISTRY NO.: (celecoxib) 169590-42-5; (irinotecan) 100286-90-6; (fluorouracil) 51-21-8; (folinic acid) 58-05-9, 68538-85-2;

(paclitaxel) 33069-62-4; (carboplatin) 41575-94-4

L65 ANSWER 15 OF 26 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN

ACCESSION NUMBER: 2003344739 EMBASE
TITLE: [Controversies of colon cancer adjuvant treatment]. CANCRO DO COLON: CONTROVERSIAS DO TRATAMENTO ADJUVANTE.
AUTHOR: Angelico V.M.; Costa N.M.; Fragoso M.; Sanches E.
CORPORATE SOURCE: Dr. V.M. Angelico, Departamento de Oncologia Medica, Instituto Portugues de Oncologia, Centro do Porto, R. Dr. Antonio Bernardino de Almeida, 4200 - 072 Porto, Portugal. nunomatoscosta@netcabo.pt
SOURCE: Arquivos de Medicina, (2003) 17/1-3 (47-54).
Refs: 55
ISSN: 0871-3413 CODEN: ARQME3
COUNTRY: Portugal
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 006 Internal Medicine
016 Cancer
037 Drug Literature Index
048 Gastroenterology
LANGUAGE: Portuguese
SUMMARY LANGUAGE: English; Portuguese
ABSTRACT:

The authors describe the evolution of adjuvant treatment of colon cancer in the last years. Based on the main published studies, we present a short historical revision about the use of chemotherapy in the adjuvant setting of colon cancer, Stages II and III (AJCC), referring the established consensus as well as the controversies. We enhance the main controversies that lead to the current treatment options. The clinical and biological factors with prognostic predictive value in terms of disease-free and overall survival are described, as well as some molecular and genetic markers which will might be used in order to identify groups of patients with a higher risk of tumoral recurrence. We still describe shortly the future directions in the adjuvant setting, namely, new cytotoxic agents (oral fluoropyrimidines, irinotecan or CPT-11, oxaliplatin), and biochemical or molecular target-based therapy (cyclo-oxigenase 2 inhibitors, monoclonal antibodies directed to determined tumoral antigens, such as edrecolomab and CeaVac).

CONTROLLED TERM: Medical Descriptors:
*colon cancer: DT, drug therapy
***cancer combination chemotherapy**
*cancer adjuvant therapy
cancer staging
prognosis
cancer survival
molecular interaction
genetic marker
tumor recurrence
high risk population
drug effect
molecular genetics
enzyme inhibition
human
review
Drug Descriptors:
*cytotoxic agent: CB, drug combination
*cytotoxic agent: DT, drug therapy
*fluoropyrimidine: AN, drug analysis
*fluoropyrimidine: DT, drug therapy
*fluoropyrimidine: PO, oral drug administration
***irinotecan: CB, drug combination**
*irinotecan: DT, drug therapy

*oxaliplatin: CB, drug combination
*oxaliplatin: DT, drug therapy
cyclooxygenase 2 inhibitor: CB, drug combination
cyclooxygenase 2 inhibitor: DT, drug therapy
monoclonal antibody
tumor antigen
edrecolomab: CB, drug combination
edrecolomab: DT, drug therapy
CAS REGISTRY NO.: (fluoropyrimidine) 675-21-8; (irinotecan) 100286-90-6; (oxaliplatin) 61825-94-3
CHEMICAL NAME: Cpt 11

L65 ANSWER 16 OF 26 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
ACCESSION NUMBER: 2003294016 EMBASE
TITLE: Irinotecan in metastatic colorectal cancer: Dose intensification and combination with new agents, including biological response modifiers.
AUTHOR: Ducreux M.; Kohne C.-H.; Schwartz G.K.; Vanhoefer U.
CORPORATE SOURCE: Dr. C.-H. Kohne, University Clinic of Carl-Gustav, Technical University of Dresden, Fetscherstrasse 74, 01307 Dresden, France. koehne@mkl.med.tu-dresden.de
SOURCE: Annals of Oncology, (2003) 14/SUPPL. 2 (ii17-ii23).
Refs: 41
ISSN: 0923-7534 CODEN: ANONE2
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 016 Cancer
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
048 Gastroenterology
LANGUAGE: English
SUMMARY LANGUAGE: English
ABSTRACT:
Phase I/II studies suggest that the combination of irinotecan with capecitabine is feasible and has promising activity. Diarrhea and neutropenia are dose limiting. Overall response rates (RRs) in the 40% to 60% range are seen from preliminary data. Work in progress is assessing the combination of irinotecan with UFT/leucovorin (LV). The use of irinotecan together with raltitrexed is also being investigated, as is its combination with oxaliplatin. Two phase II studies of irinotecan plus oxaliplatin in second-line patients report median survivals of 11-12 months. It seems possible to safely escalate the dose of single-agent irinotecan to 500 mg/m(2) in patients showing good tolerance of the drug. Irinotecan can be used in combination with LV5FU2 at doses up to 260 mg/m(2), especially if only one bolus of 5-fluorouracil (5-FU) is given. Control of tumor growth is achieved in 90% of patients. Preliminary data suggest that regimens based on 5-FU/LV and irinotecan can safely be combined with the anti-epidermal growth factor receptor (EGFR) antibody cetuximab. In patients with EGFR-positive tumors, this may prove an effective means of increasing response rate or combating treatment resistance. Following evidence that COX-2 inhibition can slow progression in familial adenomatous polyposis, celecoxib is to be studied in metastatic colorectal cancer (CRC). In vitro, the cyclin-dependent kinase inhibitor flavopiridol enhances the induction of apoptosis by chemotherapy. Clinically, it can safely be administered with irinotecan, and studies in CRC are planned.

CONTROLLED TERM: Medical Descriptors:
*colorectal cancer: DT, drug therapy
cancer combination chemotherapy
drug megadose
metastasis: DT, drug therapy
drug dose regimen

drug activity
dose response
diarrhea: SI, side effect
neutropenia: SI, side effect
cancer survival
drug safety
drug tolerance
cancer inhibition
enzyme inhibition
cancer growth
adenomatous polyp: DT, drug therapy
in vitro study
apoptosis
asthenia: SI, side effect
febrile neutropenia: SI, side effect
nausea: SI, side effect
gastrointestinal toxicity: SI, side effect
human
clinical trial
article
priority journal
Drug Descriptors:
*irinotecan: AE, adverse drug reaction
*irinotecan: CT, clinical trial
***irinotecan: CB, drug combination**
*irinotecan: CM, drug comparison
*irinotecan: DO, drug dose
*irinotecan: DT, drug therapy
*irinotecan: PD, pharmacology
*irinotecan: PO, oral drug administration
capecitabine: AE, adverse drug reaction
capecitabine: CT, clinical trial
capecitabine: CB, drug combination
capecitabine: DO, drug dose
capecitabine: DT, drug therapy
capecitabine: PD, pharmacology
UFT: CT, clinical trial
UFT: CB, drug combination
UFT: DT, drug therapy
UFT: PD, pharmacology
folinic acid: CT, clinical trial
folinic acid: CB, drug combination
folinic acid: DT, drug therapy
folinic acid: PD, pharmacology
raltitrexed: AE, adverse drug reaction
raltitrexed: CT, clinical trial
raltitrexed: CB, drug combination
raltitrexed: DO, drug dose
raltitrexed: DT, drug therapy
raltitrexed: PD, pharmacology
oxaliplatin: CT, clinical trial
oxaliplatin: CB, drug combination
oxaliplatin: DO, drug dose
oxaliplatin: DT, drug therapy
oxaliplatin: PD, pharmacology
fluorouracil: DO, drug dose
fluorouracil: DT, drug therapy
fluorouracil: PD, pharmacology
cetuximab: CB, drug combination
cetuximab: DO, drug dose
cetuximab: DT, drug therapy
cetuximab: PD, pharmacology
cyclooxygenase 2: EC, endogenous compound

celecoxib: DT, drug therapy
cyclin dependent kinase inhibitor: PD, pharmacology
flavopiridol: CB, drug combination
flavopiridol: CM, drug comparison
flavopiridol: DO, drug dose
flavopiridol: DT, drug therapy
flavopiridol: PD, pharmacology
loperamide: CB, drug combination
loperamide: DO, drug dose
loperamide: DT, drug therapy
cyclooxygenase 2 inhibitor: CB, drug combination
cyclooxygenase 2 inhibitor: DT, drug therapy
cyclooxygenase 2 inhibitor: PD, pharmacology
docetaxel: CB, drug combination
docetaxel: DT, drug therapy
erlotinib: PD, pharmacology
gefitinib: PD, pharmacology

CAS REGISTRY NO.: (irinotecan) 100286-90-6; (capecitabine) 154361-50-9; (UFT) 74578-38-4; (folinic acid) 58-05-9, 68538-85-2; (raltitrexed) 112887-68-0; (oxaliplatin) 61825-94-3; (fluorouracil) 51-21-8; (cetuximab) 205923-56-4; (celecoxib) 169590-42-5; (flavopiridol) 146426-40-6; (loperamide) 34552-83-5, 53179-11-6; (docetaxel) 114977-28-5; (erlotinib) 183319-69-9; (gefitinib) 184475-35-2, 184475-55-6, 184475-56-7)

CHEMICAL NAME: Imc c225; Osi 774; Iressa

L65 ANSWER 17 OF 26 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN

ACCESSION NUMBER: 2003375385 EMBASE

TITLE: Current and ongoing trials with irinotecan in the United States.

AUTHOR: Fuchs C.S.

CORPORATE SOURCE: Dr. C.S. Fuchs, Dana Farber Cancer Institute, 44 Binney St, Boston, MA 02115, United States

SOURCE: Seminars in Oncology, (2003) 30/4 SUPPL. 12 (9-17).
Refs: 28
ISSN: 0093-7754 CODEN: SOLGAV

COUNTRY: United States

DOCUMENT TYPE: Journal; Conference Article

FILE SEGMENT: 016 Cancer
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
048 Gastroenterology

LANGUAGE: English

CONTROLLED TERM: Medical Descriptors:
***colorectal cancer: DT, drug therapy**
***advanced cancer: DT, drug therapy**
metastasis: DT, drug therapy
cancer survival
drug infusion
disease course
granulocytopenia: SI, side effect
diarrhea: SI, side effect
bolus injection
drug mechanism
drug tolerability
neutropenia: SI, side effect
drug efficacy
drug potentiation
treatment failure

gastrointestinal symptom: SI, side effect
neurotoxicity: SI, side effect
cancer adjuvant therapy
human
clinical trial
conference paper
priority journal
Drug Descriptors:
*irinotecan: AE, adverse drug reaction
*irinotecan: CT, clinical trial
***irinotecan: CB, drug combination**
*irinotecan: IT, drug interaction
*irinotecan: DT, drug therapy
*irinotecan: PD, pharmacology
*irinotecan: IV, intravenous drug administration
fluorouracil: AE, adverse drug reaction
fluorouracil: CT, clinical trial
fluorouracil: CB, drug combination
fluorouracil: DT, drug therapy
fluorouracil: IV, intravenous drug administration
folinic acid: AE, adverse drug reaction
folinic acid: CT, clinical trial
folinic acid: CB, drug combination
folinic acid: DT, drug therapy
folinic acid: IV, intravenous drug administration
capecitabine: AE, adverse drug reaction
capecitabine: CT, clinical trial
capecitabine: CB, drug combination
capecitabine: IT, drug interaction
capecitabine: DT, drug therapy
capecitabine: PD, pharmacology
capecitabine: PO, oral drug administration
celecoxib: AE, adverse drug reaction
celecoxib: CT, clinical trial
celecoxib: CB, drug combination
celecoxib: IT, drug interaction
celecoxib: DT, drug therapy
celecoxib: PD, pharmacology
oxaliplatin: AE, adverse drug reaction
oxaliplatin: CB, drug combination
oxaliplatin: DT, drug therapy
cetuximab: CT, clinical trial
cetuximab: CB, drug combination
cetuximab: DT, drug therapy

CAS REGISTRY NO.: (irinotecan) 100286-90-6; (fluorouracil) 51-21-8; (folinic acid) 58-05-9, 68538-85-2; (capecitabine) 154361-50-9; (celecoxib) 169590-42-5; (oxaliplatin) 61825-94-3; (cetuximab) 205923-56-4
CHEMICAL NAME: (1) Erbitux; (2) C 225
COMPANY NAME: (2) Imclone (United States); Pharmacia (United States)

L65 ANSWER 18 OF 26 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
ACCESSION NUMBER: 2003375384 EMBASE
TITLE: COX-2 inhibitors in oncology.
AUTHOR: Haller D.G.
CORPORATE SOURCE: Dr. D.G. Haller, Univ. of Pennsylvania Cancer Center, 16 Penn Tower, 3400 Spruce St, Philadelphia, PA 19104, United States
SOURCE: Seminars in Oncology, (2003) 30/4 SUPPL. 12 (2-8).
Refs: 36
ISSN: 0093-7754 CODEN: SOLGAV
COUNTRY: United States

DOCUMENT TYPE: Journal; Conference Article
FILE SEGMENT: 016 Cancer
026 Immunology, Serology and Transplantation
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English

CONTROLLED TERM: Medical Descriptors:
*cancer: DT, drug therapy
*cancer: ET, etiology
*cancer: PC, prevention
carcinogenesis
cancer prevention
drug indication
prognosis
antineoplastic activity
colorectal cancer: ET, etiology
stomach cancer: ET, etiology
pancreas cancer: ET, etiology
esophagus cancer: ET, etiology
drug safety
drug tolerability
neutropenia: SI, side effect
diarrhea: SI, side effect
dose response
cancer combination chemotherapy
neuropathy: SI, side effect
hand foot syndrome: SI, side effect
pain: SI, side effect
drug mechanism
human
clinical trial
conference paper
priority journal
Drug Descriptors:
*cyclooxygenase 2 inhibitor: CT, clinical trial
*cyclooxygenase 2 inhibitor: DT, drug therapy
*cyclooxygenase 2 inhibitor: PD, pharmacology
cyclooxygenase 2
cyclooxygenase 1
celecoxib: CT, clinical trial
celecoxib: CB, drug combination
celecoxib: DO, drug dose
celecoxib: IT, drug interaction
celecoxib: DT, drug therapy
celecoxib: PD, pharmacology
fluorouracil: AE, adverse drug reaction
fluorouracil: CT, clinical trial
fluorouracil: CB, drug combination
fluorouracil: CM, drug comparison
fluorouracil: IT, drug interaction
fluorouracil: DT, drug therapy
fluorouracil: PO, oral drug administration
irinotecan: AE, adverse drug reaction
irinotecan: CT, clinical trial
irinotecan: CB, drug combination
irinotecan: CM, drug comparison
irinotecan: DO, drug dose
irinotecan: IT, drug interaction
irinotecan: DT, drug therapy
folinic acid: AE, adverse drug reaction
folinic acid: CB, drug combination

folinic acid: IT, drug interaction
folinic acid: DT, drug therapy
glutamine: AE, adverse drug reaction
glutamine: CB, drug combination
glutamine: IT, drug interaction
glutamine: DT, drug therapy
capecitabine: AE, adverse drug reaction
capecitabine: IT, drug interaction
capecitabine: DT, drug therapy

CAS REGISTRY NO.: (celecoxib) 169590-42-5; (fluorouracil) 51-21-8; (irinotecan) 100286-90-6; (folinic acid) 58-05-9, 68538-85-2; (glutamine) 56-85-9, 6899-04-3; (capecitabine) 154361-50-9

L65 ANSWER 19 OF 26 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN

ACCESSION NUMBER: 2002297258 EMBASE

TITLE: Chemosensitization of solid tumor cells by alteration of their susceptibility to apoptosis.

AUTHOR: Cree I.A.; Knight L.; Di Nicolantonio F.; Sharma S.; Gulliford T.

CORPORATE SOURCE: I.A. Cree, Department of Histopathology, Michael Darmady Laboratory, Queen Alexandra Hospital, Cosham, Portsmouth PO6 3LY, United Kingdom. ian.cree@port.ac.uk

SOURCE: Current Opinion in Investigational Drugs, (2002) 3/4 (641-647).
Refs: 71
ISSN: 1472-4472 CODEN: CIDREE

COUNTRY: United Kingdom

DOCUMENT TYPE: Journal; General Review

FILE SEGMENT:
016 Cancer
037 Drug Literature Index
030 Pharmacology
038 Adverse Reactions Titles
029 Clinical Biochemistry
022 Human Genetics

LANGUAGE: English

SUMMARY LANGUAGE: English

ABSTRACT:

Chemosensitization strategies use the administration of one drug or agent to render cancer cells more susceptible to a second agent. Usually this involves enhanced drug metabolism, improvement of drug uptake or blockage of resistance mechanisms. Alteration of the susceptibility of cancer cells to apoptosis, the process of individual cell death by which many chemotherapeutic drugs act, shows particular promise for therapy in the future, and is the focus of this review. The dependence of cancer cells on non-neoplastic cells to form solid tumors allows anti-angiogenic therapy to be used in conjunction with chemotherapy to increase the therapeutic index. Chemosensitization strategies are set to become increasingly important in cancer therapy, allowing rational design of synergistic drug combinations at an earlier stage in drug development.

CONTROLLED TERM: Medical Descriptors:
***solid tumor: DT, drug therapy**
***solid tumor: TH, therapy**
*apoptosis
***cancer cell**
human
clinical trial
nonhuman
drug metabolism
drug uptake
cell death

cancer combination chemotherapy
leukemia cell
chronic lymphatic leukemia: DT, drug therapy
in vivo study
oncogene neu
drug potentiation
cytotoxicity
drug effect
in vitro study
drug targeting
side effect: SI, side effect
gene mutation
enzyme inhibition
gene therapy
review
Drug Descriptors:
*antineoplastic agent: DT, drug therapy
*antineoplastic agent: PD, pharmacology
*antineoplastic agent: IT, drug interaction
*antineoplastic agent: CB, drug combination
*antineoplastic agent: AE, adverse drug reaction
*antineoplastic agent: CT, clinical trial
protein bcl 2: EC, endogenous compound
antisense oligonucleotide: PD, pharmacology
antisense oligonucleotide: IT, drug interaction
protein bcl xl: EC, endogenous compound
protein p53: EC, endogenous compound
rituximab: PD, pharmacology
cytotoxic agent: DT, drug therapy
cytotoxic agent: PD, pharmacology
cytotoxic agent: IT, drug interaction
cytotoxic agent: CB, drug combination
cytotoxic agent: AE, adverse drug reaction
cytotoxic agent: CT, clinical trial
growth factor receptor: EC, endogenous compound
platinum derivative: PD, pharmacology
platinum derivative: IT, drug interaction
trastuzumab: PD, pharmacology
trastuzumab: CB, drug combination
trastuzumab: IT, drug interaction
cyclooxygenase 2 inhibitor: PD, pharmacology
cyclooxygenase 2 inhibitor: CB, drug combination
cyclooxygenase 2 inhibitor: IT, drug interaction
celecoxib: PD, pharmacology
celecoxib: CB, drug combination
celecoxib: IT, drug interaction
epidermal growth factor receptor: EC, endogenous compound
cetuximab: DT, drug therapy
cetuximab: CT, clinical trial
cetuximab: CB, drug combination
cetuximab: IT, drug interaction
cetuximab: PD, pharmacology
protein tyrosine kinase inhibitor: PD, pharmacology
protein tyrosine kinase inhibitor: DT, drug therapy
protein tyrosine kinase inhibitor: CB, drug combination
protein tyrosine kinase inhibitor: IT, drug interaction
protein tyrosine kinase inhibitor: AE, adverse drug reaction
protein tyrosine kinase inhibitor: CT, clinical trial
erlotonib: PD, pharmacology
zd 1839: PD, pharmacology
gefitinib: PD, pharmacology
paclitaxel: DT, drug therapy

paclitaxel: PD, pharmacology
phosphatidylinositol 3 kinase: EC, endogenous compound
cci 779: PD, pharmacology
cci 779: DT, drug therapy
cci 779: CB, drug combination
cci 779: IT, drug interaction
cci 779: AE, adverse drug reaction
cci 779: CT, clinical trial
protein kinase B: EC, endogenous compound
cisplatin: DT, drug therapy
cisplatin: PD, pharmacology
cisplatin: IT, drug interaction
cisplatin: CB, drug combination
irinotecan: DT, drug therapy
irinotecan: PD, pharmacology
irinotecan: IT, drug interaction
irinotecan: CB, drug combination
STAT protein: EC, endogenous compound
imatinib: PD, pharmacology
imatinib: DT, drug therapy
Janus kinase: EC, endogenous compound
proteasome inhibitor: PD, pharmacology
protein kinase C inhibitor: PD, pharmacology
unindexed drug
unclassified drug
osi 774
[3 methyl 1 [[1 oxo 3 phenyl 2 [(pyrazinylcarbonyl)amino]propyl]amino]butyl]boronic acid
7 hydroxystaurosporine
n benzoylstaurosporine
isis 3521
ONYX 015

CAS REGISTRY NO.: (protein bcl 2) 219306-68-0; (protein bcl xl) 151033-38-4; (rituximab) 174722-31-7; (trastuzumab) 180288-69-1; (celecoxib) 169590-42-5; (cetuximab) 205923-56-4; (paclitaxel) 33069-62-4; (phosphatidylinositol 3 kinase) 115926-52-8; (protein kinase B) 148640-14-6; (cisplatin) 15663-27-1, 26035-31-4, 96081-74-2; (irinotecan) 100286-90-6; (imatinib) 152459-95-5, 220127-57-1; (Janus kinase) 161384-16-3; ([3 methyl 1 [[1 oxo 3 phenyl 2 [(pyrazinylcarbonyl)amino]propyl]amino]butyl]boronic acid) 179324-69-7, 197730-97-5; (7 hydroxystaurosporine) 112953-11-4; (n benzoylstaurosporine) 120685-11-2; (isis 3521) 151879-73-1

CHEMICAL NAME: (1) Herceptin; (2) C 225; (3) Osi 774; (4) Iressa; (5) Cci 779; (6) Sti 571; (7) Ps 341; (8) Ucn 01; (9) Cgp 41251; (10) Isis 3521; (11) ONYX 015

COMPANY NAME: (1) Genentech; (2) Imclone; (3) Osi; (4) Astra Zeneca; (5) Wyeth; (7) Millennium Pharmaceuticals; (8) Kyowa Hakko Kogyo; (9) Novartis; (10) Isis; (11) Onyx; Idec; Pharmacia

L65 ANSWER 20 OF 26 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN

ACCESSION NUMBER: 2002405308 EMBASE

TITLE: 38th Annual Meeting of the American Society of Clinical Oncology.

AUTHOR: Morse M.A.

CORPORATE SOURCE: M.A. Morse, Department of Medicine, Duke University Medical Center, Durham, NC, United States. m.morse@cgct.duke.edu

SOURCE: Expert Opinion on Emerging Drugs, (2002) 7/2 (335-338). ISSN: 1472-8214 CODEN: EOEDA3

COUNTRY: United Kingdom

DOCUMENT TYPE: Journal; Conference Article

FILE SEGMENT: 016 Cancer
030 Pharmacology
036 Health Policy, Economics and Management
037 Drug Literature Index
038 Adverse Reactions Titles

LANGUAGE: English

CONTROLLED TERM: Medical Descriptors:
*cancer research
medical society
chronic myeloid leukemia: DM, disease management
chronic myeloid leukemia: DR, drug resistance
chronic myeloid leukemia: DT, drug therapy
nonhodgkin lymphoma: DT, drug therapy
B cell lymphoma: DT, drug therapy
digestive system cancer: DR, drug resistance
digestive system cancer: DT, drug therapy
colorectal cancer: DR, drug resistance
colorectal cancer: DT, drug therapy
kidney carcinoma: DT, drug therapy
prostate cancer: DT, drug therapy
lung non small cell cancer: DT, drug therapy
gene mutation
drug cytotoxicity
drug potentiation
cancer recurrence
flu like syndrome: SI, side effect
injection pain: SI, side effect
acne: SI, side effect
diarrhea: SI, side effect
nausea: SI, side effect
neutropenia: SI, side effect
anorexia: SI, side effect
weight reduction
side effect: SI, side effect
mucosa inflammation: SI, side effect
rash: SI, side effect
thromboembolism: SI, side effect
cancer survival
virus vector
fever: SI, side effect
headache: SI, side effect
cancer immunotherapy
bird disease
dendritic cell
anemia: CO, complication
anemia: DT, drug therapy
anemia: SI, side effect
human
nonhuman
clinical trial
conference paper
Drug Descriptors:
*protein tyrosine kinase inhibitor: DT, drug therapy
*monoclonal antibody: DT, drug therapy
imatinib: CT, clinical trial
imatinib: CM, drug comparison
imatinib: DT, drug therapy
imatinib: PD, pharmacology
recombinant alpha interferon: CT, clinical trial
recombinant alpha interferon: CM, drug comparison
recombinant alpha interferon: DT, drug therapy
recombinant alpha interferon: PD, pharmacology

cytarabine: CT, clinical trial
cytarabine: CM, drug comparison
cytarabine: DT, drug therapy
BCR ABL protein: EC, endogenous compound
protein tyrosine kinase: EC, endogenous compound
rituximab: CB, drug combination
rituximab: IT, drug interaction
rituximab: DT, drug therapy
ibritumomab tiuxetan: DT, drug therapy
tositumomab i 131: DT, drug therapy
epratuzumab: CB, drug combination
epratuzumab: DT, drug therapy
interleukin 2: CB, drug combination
interleukin 2: IT, drug interaction
cancer vaccine: AE, adverse drug reaction
cancer vaccine: CT, clinical trial
cancer vaccine: DT, drug therapy
prostate cancer vaccine: AE, adverse drug reaction
prostate cancer vaccine: CT, clinical trial
prostate cancer vaccine: DT, drug therapy
apc 8015: AE, adverse drug reaction
apc 8015: CT, clinical trial
apc 8015: DT, drug therapy
lung cancer vaccine: AE, adverse drug reaction
lung cancer vaccine: CT, clinical trial
lung cancer vaccine: DT, drug therapy
keyhole limpet hemocyanin: DT, drug therapy
granulocyte colony stimulating factor: AE, adverse drug reaction
granulocyte colony stimulating factor: DO, drug dose
granulocyte colony stimulating factor: DT, drug therapy
cetuximab: AE, adverse drug reaction
cetuximab: CB, drug combination
cetuximab: DT, drug therapy
irinotecan: AE, adverse drug reaction
irinotecan: CB, drug combination
irinotecan: IT, drug interaction
irinotecan: DT, drug therapy
celecoxib: CB, drug combination
celecoxib: IT, drug interaction
folinic acid: AE, adverse drug reaction
folinic acid: CB, drug combination
folinic acid: IT, drug interaction
folinic acid: DT, drug therapy
fluorouracil: AE, adverse drug reaction
fluorouracil: CB, drug combination
fluorouracil: IT, drug interaction
fluorouracil: DT, drug therapy
bevacizumab: CT, clinical trial
bevacizumab: DO, drug dose
bevacizumab: DT, drug therapy
diethylstilbestrol: DT, drug therapy
gefitinib: CT, clinical trial
gefitinib: DT, drug therapy
recombinant erythropoietin: DT, drug therapy
novel erythropoiesis stimulating protein: CT, clinical trial
novel erythropoiesis stimulating protein: DT, drug therapy
recombinant granulocyte colony stimulating factor: DT, drug therapy
unindexed drug
unclassified drug
gvax

provenge
CAS REGISTRY NO.: (imatinib) 152459-95-5, 220127-57-1; (cytarabine) 147-94-4, 69-74-9; (protein tyrosine kinase) 80449-02-1; (rituximab) 174722-31-7; (ibritumomab tiuxetan) 206181-63-7; (tositumomab i 131) 192391-48-3; (epratuzumab) 205923-57-5; (interleukin 2) 85898-30-2; (cetuximab) 205923-56-4; (irinotecan) 100286-90-6; (celecoxib) 169590-42-5; (folinic acid) 58-05-9, 68538-85-2; (fluorouracil) 51-21-8; (bevacizumab) 216974-75-3; (diethylstilbestrol) 30498-85-2, 56-53-1; (gefitinib) 184475-35-2, 184475-55-6, 184475-56-7; (recombinant erythropoietin) 113427-24-0, 122312-54-3, 130455-76-4; (recombinant granulocyte colony stimulating factor) 121181-53-1
CHEMICAL NAME: (1) Sti 571; (2) Gleevec; (3) Rituxan; (4) Bexxar; (5) Zevalin; (6) Imc c225; (7) Gvax; (8) Provenge; (9) Apc 8015; (10) Neupogen; Iressa
COMPANY NAME: (2) Novartis; (3) Genentech; (4) Corixa; (5) Idec; (6) Imclone; (7) Cell Genesys; (9) Dendreon corp; (10) Amgen

L65 ANSWER 21 OF 26 EMBASE
on STN
ACCESSION NUMBER: 2002227267 EMBASE
TITLE: Campath shows increased life expectancy for patients with advanced B-CLL.
SOURCE: Expert Review of Anticancer Therapy, (2002) 2/3 (241-247). ISSN: 1473-7140 CODEN: ERATBJ
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; Note
FILE SEGMENT: 016 Cancer
025 Hematology
030 Pharmacology
036 Health Policy, Economics and Management
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English

CONTROLLED TERM: Medical Descriptors:
*B cell leukemia: DT, drug therapy
life expectancy
cancer patient
bone marrow metastasis: DT, drug therapy
colorectal cancer: DT, drug therapy
drug activity
antineoplastic activity
gastrointestinal symptom: SI, side effect
fatigue: SI, side effect
hand foot syndrome: SI, side effect
rash: SI, side effect
asthenia: SI, side effect
neutropenia: SI, side effect
mucosa inflammation: SI, side effect
breast cancer: DT, drug therapy
cancer survival
recurrence risk
cancer recurrence
cancer staging
stomatitis: SI, side effect
lung cancer: DT, drug therapy
lung cancer: RT, radiotherapy
multimodality cancer therapy
granulocytopenia: SI, side effect
prostate cancer: DT, drug therapy
edema: SI, side effect

rhinitis: SI, side effect
headache: SI, side effect
drug efficacy
drug safety
solid tumor: DT, drug therapy
nonhodgkin lymphoma: DT, drug therapy
esophagus cancer: DM, disease management
esophagus cancer: DT, drug therapy
human
male
female
major clinical study
clinical trial
controlled study
aged
adult
note
Drug Descriptors:
*alemtuzumab: AN, drug analysis
*alemtuzumab: CB, drug combination
*alemtuzumab: DT, drug therapy
*alemtuzumab: PD, pharmacology
fludarabine phosphate: AN, drug analysis
fludarabine phosphate: CB, drug combination
fludarabine phosphate: DT, drug therapy
fludarabine phosphate: PD, pharmacology
capecitabine: AE, adverse drug reaction
capecitabine: AN, drug analysis
capecitabine: CB, drug combination
capecitabine: DO, drug dose
capecitabine: DT, drug therapy
capecitabine: PD, pharmacology
capecitabine: PO, oral drug administration
fluoropyrimidine: DT, drug therapy
fluoropyrimidine: PD, pharmacology
oxaliplatin: AN, drug analysis
oxaliplatin: CB, drug combination
oxaliplatin: DT, drug therapy
oxaliplatin: PD, pharmacology
oxaliplatin: IV, intravenous drug administration
irinotecan: AE, adverse drug reaction
irinotecan: CT, clinical trial
irinotecan: AN, drug analysis
irinotecan: CB, drug combination
irinotecan: DO, drug dose
irinotecan: DT, drug therapy
irinotecan: PD, pharmacology
irinotecan: IV, intravenous drug administration
celecoxib: AE, adverse drug reaction
celecoxib: AN, drug analysis
celecoxib: CB, drug combination
celecoxib: DT, drug therapy
celecoxib: PD, pharmacology
fluorouracil: AE, adverse drug reaction
fluorouracil: CT, clinical trial
fluorouracil: AN, drug analysis
fluorouracil: CB, drug combination
fluorouracil: CM, drug comparison
fluorouracil: DT, drug therapy
fluorouracil: PD, pharmacology
folinic acid: AE, adverse drug reaction
folinic acid: CT, clinical trial
folinic acid: AN, drug analysis

folinic acid: CB, drug combination
folinic acid: DT, drug therapy
folinic acid: PD, pharmacology
cetuximab: AE, adverse drug reaction
cetuximab: CT, clinical trial
cetuximab: AN, drug analysis
cetuximab: CB, drug combination
cetuximab: DT, drug therapy
cetuximab: PD, pharmacology
docetaxel: CT, clinical trial
docetaxel: AN, drug analysis
docetaxel: CB, drug combination
docetaxel: CM, drug comparison
docetaxel: DT, drug therapy
docetaxel: PD, pharmacology
doxorubicin: CT, clinical trial
doxorubicin: AN, drug analysis
doxorubicin: CB, drug combination
doxorubicin: CM, drug comparison
doxorubicin: DT, drug therapy
doxorubicin: PD, pharmacology
cyclophosphamide: CT, clinical trial
cyclophosphamide: AN, drug analysis
cyclophosphamide: CB, drug combination
cyclophosphamide: CM, drug comparison
cyclophosphamide: DT, drug therapy
cyclophosphamide: PD, pharmacology
paclitaxel: AE, adverse drug reaction
paclitaxel: CT, clinical trial
paclitaxel: AN, drug analysis
paclitaxel: CB, drug combination
paclitaxel: CM, drug comparison
paclitaxel: DO, drug dose
paclitaxel: DT, drug therapy
paclitaxel: PD, pharmacology
carboplatin: AE, adverse drug reaction
carboplatin: CT, clinical trial
carboplatin: AN, drug analysis
carboplatin: CB, drug combination
carboplatin: CM, drug comparison
carboplatin: DT, drug therapy
carboplatin: PD, pharmacology
squalamine: CT, clinical trial
squalamine: AN, drug analysis
squalamine: CB, drug combination
squalamine: CM, drug comparison
squalamine: DO, drug dose
squalamine: DT, drug therapy
squalamine: PD, pharmacology
polyglutamate paclitaxel: CT, clinical trial
polyglutamate paclitaxel: AN, drug analysis
polyglutamate paclitaxel: DT, drug therapy
polyglutamate paclitaxel: PD, pharmacology
paclitaxel derivative: CT, clinical trial
paclitaxel derivative: AN, drug analysis
paclitaxel derivative: DT, drug therapy
paclitaxel derivative: PD, pharmacology
atrasentan: AE, adverse drug reaction
atrasentan: CT, clinical trial
atrasentan: AN, drug analysis
atrasentan: DO, drug dose
atrasentan: DT, drug therapy
atrasentan: PD, pharmacology

atrasentan: PO, oral drug administration
placebo
gvax: CT, clinical trial
gvax: AN, drug analysis
gvax: DO, drug dose
gvax: DT, drug therapy
gvax: PD, pharmacology
gvax: DL, intradermal drug administration
cancer vaccine: CT, clinical trial
cancer vaccine: AN, drug analysis
cancer vaccine: DO, drug dose
cancer vaccine: DT, drug therapy
cancer vaccine: PD, pharmacology
cancer vaccine: DL, intradermal drug administration
apolizumab: CT, clinical trial
apolizumab: AN, drug analysis
apolizumab: DO, drug dose
apolizumab: DT, drug therapy
apolizumab: PK, pharmacokinetics
apolizumab: PD, pharmacology
apolizumab: IV, intravenous drug administration
antibody: CT, clinical trial
antibody: AN, drug analysis
antibody: DO, drug dose
antibody: DT, drug therapy
antibody: PK, pharmacokinetics
antibody: PD, pharmacology
antibody: IV, intravenous drug administration
rituximab: CT, clinical trial
rituximab: AN, drug analysis
rituximab: CB, drug combination
rituximab: DT, drug therapy
rituximab: PD, pharmacology
bryostatin 1: CT, clinical trial
bryostatin 1: AN, drug analysis
bryostatin 1: CB, drug combination
bryostatin 1: DV, drug development
bryostatin 1: DT, drug therapy
bryostatin 1: PE, pharmacoeconomics
bryostatin 1: PD, pharmacology
lymphorad: CT, clinical trial
lymphorad: AN, drug analysis
lymphorad: DT, drug therapy
lymphorad: PD, pharmacology
interleukin 4: CT, clinical trial
interleukin 4: AN, drug analysis
interleukin 4: CB, drug combination
interleukin 4: DT, drug therapy
interleukin 4: PD, pharmacology
iodine 131: CT, clinical trial
iodine 131: AN, drug analysis
iodine 131: CB, drug combination
iodine 131: DT, drug therapy
iodine 131: PD, pharmacology
unindexed drug
unclassified drug
erbitux
xyotax
abt 627
remitogen

CAS REGISTRY NO.: (alemtuzumab) 216503-57-0; (fludarabine phosphate) 75607-67-9; (capecitabine) 154361-50-9; (fluoropyrimidine) 675-21-8; (oxaliplatin) 61825-94-3; (irinotecan)

100286-90-6; (celecoxib) 169590-42-5; (fluorouracil) 51-21-8; (folinic acid) 58-05-9, 68538-85-2; (cetuximab) 205923-56-4; (docetaxel) 114977-28-5; (doxorubicin) 23214-92-8, 25316-40-9; (cyclophosphamide) 50-18-0; (paclitaxel) 33069-62-4; (carboplatin) 41575-94-4; (squalamine) 148717-90-2, 160022-48-0; (atrasentan) 197448-99-0; (rituximab) 174722-31-7; (bryostatin 1) 83314-01-6; (iodine 131) 10043-66-0, 15124-39-7; (abt 627) 173937-91-2

CHEMICAL NAME: (1) Campath; (2) Mabcampath; (3) Xeloda; (4) Erbitux; (5) Erbitux; (6) Taxotere; (7) Xyotax; (8) Abt 627; (9) Gvax; (10) Remitogen; Fludara; Eloxatin; Camptosar; Celebrex; Cytoxan; Adriamycin; Taxol; Paraplatin

COMPANY NAME: (1) Berlex (United States); (2) Schering AG (United Kingdom); (3) Hoffmann La Roche; (4) Imclone; (5) Bristol Myers Squibb; (6) Aventis; (7) Cell Therapeutics; (8) Abbott; (9) Cell Genesys; (10) Protein Design; Genaera; Orphan

L65 ANSWER 22 OF 26 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN

ACCESSION NUMBER: 2002391205 EMBASE

TITLE: [New development in oncology. Report of the first North German Cytostatics Workshop in Ravensburg].
NEUE ENTWICKLUNGEN IN DER ONKOLOGIE: BERICHT VOM I. NZW-SUD IN RAVENSBURG.

SOURCE: Deutsche Apotheker Zeitung, (24 Oct 2002) 142/43 (46-53).
ISSN: 0011-9857 CODEN: DAZEA2

COUNTRY: Germany

DOCUMENT TYPE: Journal; Conference Article

FILE SEGMENT: 016 Cancer
037 Drug Literature Index
038 Adverse Reactions Titles

LANGUAGE: German

CONTROLLED TERM: Medical Descriptors:
*cancer research
***cancer chemotherapy**
medical society
Germany
oncology
prognosis
preoperative care
angiogenesis
disease marker
cancer hormone therapy
tumor classification
premenopause
postmenopause
breast carcinoma: DT, drug therapy
colon carcinoma: DT, drug therapy
neutropenia: SI, side effect
lung carcinoma: DT, drug therapy
human
clinical trial
conference paper
Drug Descriptors:
taxane derivative: DT, drug therapy
trastuzumab: DT, drug therapy
tamoxifen: CB, drug combination
tamoxifen: DT, drug therapy
gonadorelin agonist: CB, drug combination
gonadorelin agonist: DT, drug therapy

goserelin: CB, drug combination
goserelin: DT, drug therapy
anastrozole: CB, drug combination
anastrozole: DT, drug therapy
letrozole: DT, drug therapy
paclitaxel: DT, drug therapy
fluorouracil derivative: DT, drug therapy
fluorouracil derivative: PO, oral drug administration
doxorubicin: DT, drug therapy
folinic acid: CT, clinical trial
folinic acid: CB, drug combination
folinic acid: DT, drug therapy
fluorouracil: AE, adverse drug reaction
fluorouracil: CT, clinical trial
fluorouracil: CM, drug comparison
fluorouracil: DT, drug therapy
fluorouracil: IV, intravenous drug administration
irinotecan: AE, adverse drug reaction
irinotecan: CB, drug combination
irinotecan: DT, drug therapy
oxaliplatin: AE, adverse drug reaction
oxaliplatin: CB, drug combination
oxaliplatin: DT, drug therapy
capecitabine: CB, drug combination
capecitabine: DT, drug therapy
tegafur: CB, drug combination
tegafur: DT, drug therapy
UFT: CB, drug combination
UFT: DT, drug therapy
cyclooxygenase 2 inhibitor: CB, drug combination
epidermal growth factor receptor
vasculotropin inhibitor
bevacizumab: DT, drug therapy
cetuximab
celecoxib: CT, clinical trial
celecoxib: CB, drug combination
protein tyrosine kinase inhibitor: DT, drug therapy
carboplatin: CB, drug combination
carboplatin: DT, drug therapy
cisplatin: CB, drug combination
cisplatin: DT, drug therapy
docetaxel: CB, drug combination
docetaxel: DT, drug therapy
protein kinase C inhibitor: DT, drug therapy
granulocyte macrophage colony stimulating factor
unindexed drug

CAS REGISTRY NO.: (trastuzumab) 180288-69-1; (tamoxifen) 10540-29-1; (goserelin) 65807-02-5; (anastrozole) 120511-73-1; (letrozole) 112809-51-5; (paclitaxel) 33069-62-4; (doxorubicin) 23214-92-8, 25316-40-9; (folinic acid) 58-05-9, 68538-85-2; (fluorouracil) 51-21-8; (irinotecan) 100286-90-6; (oxaliplatin) 61825-94-3; (capecitabine) 154361-50-9; (tegafur) 17902-23-7; (UFT) 74578-38-4; (bevacizumab) 216974-75-3; (cetuximab) 205923-56-4; (celecoxib) 169590-42-5; (carboplatin) 41575-94-4; (cisplatin) 15663-27-1, 26035-31-4, 96081-74-2; (docetaxel) 114977-28-5

CHEMICAL NAME: Herceptin; Zoladex; Arimidex; Femara; Xeloda; UFT; Eloxatin; Campto; Avastin

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ACCESSION NUMBER: 2002298390 EMBASE

TITLE: Highlights from: 38th Annual Meeting of the American Society of clinical oncology.
AUTHOR: DeGrendele H.; Belani C.P.; Jain V.K.
SOURCE: Clinical Lung Cancer, (2002) 4/1 (16-20).
Refs: 20
ISSN: 1525-7304 CODEN: CLCLCA
COUNTRY: United States
DOCUMENT TYPE: Journal; Conference Article
FILE SEGMENT: 015 Chest Diseases, Thoracic Surgery and Tuberculosis
016 Cancer
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English

CONTROLLED TERM: Medical Descriptors:
*lung non small cell cancer: DI, diagnosis
*lung non small cell cancer: DT, drug therapy
*lung small cell cancer: DI, diagnosis
*lung small cell cancer: DT, drug therapy
cancer combination chemotherapy
advanced cancer: DI, diagnosis
advanced cancer: DT, drug therapy
patient care
cancer patient
cancer survival
cancer mortality
treatment outcome
quality of life
drug efficacy
cancer diagnosis
blood toxicity: SI, side effect
nausea: SI, side effect
vomiting: SI, side effect
febrile neutropenia: SI, side effect
dose response
cancer growth
drug tolerability
prognosis
human
male
female
clinical trial
controlled study
conference paper
Drug Descriptors:
*antineoplastic agent: AE, adverse drug reaction
*antineoplastic agent: CT, clinical trial
*antineoplastic agent: CB, drug combination
*antineoplastic agent: CM, drug comparison
*antineoplastic agent: DO, drug dose
*antineoplastic agent: DT, drug therapy
*antineoplastic agent: PD, pharmacology
*antineoplastic agent: PO, oral drug administration
cisplatin: AE, adverse drug reaction
cisplatin: CT, clinical trial
cisplatin: CB, drug combination
cisplatin: CM, drug comparison
cisplatin: DO, drug dose
cisplatin: DT, drug therapy
cisplatin: PD, pharmacology
cisplatin: PO, oral drug administration
vindesine: AE, adverse drug reaction

vindesine: CB, drug combination
vindesine: CM, drug comparison
vindesine: DT, drug therapy
vindesine: PD, pharmacology
mitomycin: AE, adverse drug reaction
mitomycin: CB, drug combination
mitomycin: CM, drug comparison
mitomycin: DT, drug therapy
mitomycin: PD, pharmacology
ifosfamide: AE, adverse drug reaction
ifosfamide: CB, drug combination
ifosfamide: CM, drug comparison
ifosfamide: DT, drug therapy
ifosfamide: PD, pharmacology
vinblastine: AE, adverse drug reaction
vinblastine: CB, drug combination
vinblastine: CM, drug comparison
vinblastine: DT, drug therapy
vinblastine: PD, pharmacology
navelbine: AE, adverse drug reaction
navelbine: CB, drug combination
navelbine: CM, drug comparison
navelbine: DT, drug therapy
navelbine: PD, pharmacology
paclitaxel: AE, adverse drug reaction
paclitaxel: CT, clinical trial
paclitaxel: CB, drug combination
paclitaxel: CM, drug comparison
paclitaxel: DO, drug dose
paclitaxel: DT, drug therapy
paclitaxel: PD, pharmacology
etoposide: AE, adverse drug reaction
etoposide: CT, clinical trial
etoposide: CB, drug combination
etoposide: CM, drug comparison
etoposide: DO, drug dose
etoposide: DT, drug therapy
etoposide: PD, pharmacology
recombinant granulocyte colony stimulating factor: AE, adverse drug reaction
recombinant granulocyte colony stimulating factor: CB, drug combination
recombinant granulocyte colony stimulating factor: CM, drug comparison
recombinant granulocyte colony stimulating factor: DO, drug dose
recombinant granulocyte colony stimulating factor: DT, drug therapy
recombinant granulocyte colony stimulating factor: PD, pharmacology
irinotecan: AE, adverse drug reaction
irinotecan: CT, clinical trial
irinotecan: CB, drug combination
irinotecan: CM, drug comparison
irinotecan: DT, drug therapy
irinotecan: PD, pharmacology
imatinib: AE, adverse drug reaction
imatinib: CT, clinical trial
imatinib: DT, drug therapy
imatinib: PD, pharmacology
protein kinase inhibitor: AE, adverse drug reaction
protein kinase inhibitor: CT, clinical trial
protein kinase inhibitor: DT, drug therapy

protein kinase inhibitor: PD, pharmacology
BCR ABL protein: EC, endogenous compound
protein tyrosine kinase: EC, endogenous compound
platelet derived growth factor receptor: EC, endogenous compound
stem cell factor: EC, endogenous compound
stem cell factor receptor: EC, endogenous compound
celecoxib: AE, adverse drug reaction
celecoxib: CB, drug combination
celecoxib: DT, drug therapy
celecoxib: PD, pharmacology
prostaglandin synthase: EC, endogenous compound
cyclooxygenase 2: EC, endogenous compound
cyclooxygenase 2 inhibitor: EC, endogenous compound
prostaglandin E2: EC, endogenous compound
vasculotropin: EC, endogenous compound
matrix metalloproteinase: EC, endogenous compound
nonsteroid antiinflammatory agent: DT, drug therapy
nonsteroid antiinflammatory agent: PD, pharmacology
taxane derivative: DT, drug therapy
taxane derivative: PD, pharmacology

CAS REGISTRY NO.: (cisplatin) 15663-27-1, 26035-31-4, 96081-74-2; (vindesine) 53643-48-4; (mitomycin) 1404-00-8; (ifosfamide) 3778-73-2; (vinblastine) 865-21-4; (navelbine) 71486-22-1; (paclitaxel) 33069-62-4; (etoposide) 33419-42-0; (recombinant granulocyte colony stimulating factor) 121181-53-1; (irinotecan) 100286-90-6; (imatinib) 152459-95-5, 220127-57-1; (protein tyrosine kinase) 80449-02-1; (celecoxib) 169590-42-5; (prostaglandin synthase) 39391-18-9, 59763-19-8, 9055-65-6; (prostaglandin E2) 363-24-6; (vasculotropin) 127464-60-2

CHEMICAL NAME: Filgrastim; Gleevec

L65 ANSWER 24 OF 26 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN

ACCESSION NUMBER: 2003019359 EMBASE

TITLE: Irinotecan in non-small-cell lung cancer: Status of ongoing trials.

AUTHOR: Socinski M.A.

CORPORATE SOURCE: Dr. M.A. Socinski, The Mltidisc. Thoracic Oncol. Prog., Lineberger Comp. Cancer Center, University of North Carolina, Chapel Hill, NC, United States. socinski@med.unc.edu

SOURCE: Clinical Lung Cancer, (2002) 4/SUPPL. 1 (S15-S20). Refs: 55
ISSN: 1525-7304 CODEN: CLCLCA

COUNTRY: United States

DOCUMENT TYPE: Journal; Article

FILE SEGMENT:
015 Chest Diseases, Thoracic Surgery and Tuberculosis
016 Cancer
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles

LANGUAGE: English

SUMMARY LANGUAGE: English

ABSTRACT:

Irinotecan possesses significant single-agent activity in non-small-cell lung cancer (NSCLC) and is active in combination with either cisplatin or carboplatin. Two phase III trials completed in Japan have suggested that the combination of irinotecan/cisplatin yields superior survival rates in stage IV NSCLC patients compared to vindesine/cisplatin. The principal toxicities of the irinotecan/cisplatin regimen are neutropenia and diarrhea. This regimen is currently being tested in Japan against regimens commonly used in the United

States, such as cisplatin/gemcitabine, cisplatin/vinorelbine, and carboplatin/paclitaxel. These studies include evaluation of monthly as well as weekly schedules of cisplatin in combination with irinotecan as well as a triplet regimen of irinotecan/carboplatin/paclitaxel. Ongoing trials are evaluating these regimens as well as irinotecan/carboplatin and several nonplatinum-based irinotecan-containing doublets in both the first- and second-line treatment of advanced NSCLC. Several ongoing trials are attempting to integrate irinotecan with thoracic radiation therapy in stage III NSCLC. These trials are using irinotecan-containing regimens as induction and concurrent therapy with thoracic radiation therapy. Irinotecan is also being evaluated in the preoperative setting in early-stage resectable NSCLC. Many of these trials are also incorporating celecoxib, a potent inhibitor of the cyclooxygenase-2 pathway, in combination with irinotecan-containing regimens in both advanced as well as early-stage NSCLC. Future trials should focus on the integration of the new targeted agents in combination with irinotecan-containing regimens in all stages of NSCLC.

CONTROLLED TERM: Medical Descriptors:
*lung non small cell cancer: DT, drug therapy
*lung non small cell cancer: RT, radiotherapy
*lung non small cell cancer: SU, surgery
antineoplastic activity
cancer combination chemotherapy
cancer survival
cancer staging
neutropenia: SI, side effect
diarrhea: SI, side effect
Japan
United States
drug dose regimen
cancer radiotherapy
preoperative care
lung resection
drug targeting
drug metabolism
thrombocytopenia: SI, side effect
anemia: SI, side effect
nausea and vomiting: SI, side effect
area under the curve
febrile neutropenia: DT, drug therapy
febrile neutropenia: PC, prevention
febrile neutropenia: SI, side effect
asthenia: SI, side effect
human
clinical trial
meta analysis
controlled study
article
Drug Descriptors:
*irinotecan: AE, adverse drug reaction
*irinotecan: CT, clinical trial
***irinotecan: CB, drug combination**
*irinotecan: CM, drug comparison
*irinotecan: DO, drug dose
*irinotecan: DT, drug therapy
*irinotecan: PK, pharmacokinetics
*irinotecan: PD, pharmacology
cisplatin: AE, adverse drug reaction
cisplatin: CT, clinical trial
cisplatin: CB, drug combination
cisplatin: CM, drug comparison
cisplatin: DO, drug dose
cisplatin: DT, drug therapy

cisplatin: PD, pharmacology
carboplatin: AE, adverse drug reaction
carboplatin: CT, clinical trial
carboplatin: CB, drug combination
carboplatin: CM, drug comparison
carboplatin: DO, drug dose
carboplatin: DT, drug therapy
carboplatin: PK, pharmacokinetics
carboplatin: PD, pharmacology
vindesine: AE, adverse drug reaction
vindesine: CT, clinical trial
vindesine: CB, drug combination
vindesine: CM, drug comparison
vindesine: DO, drug dose
vindesine: DT, drug therapy
vindesine: PD, pharmacology
gemcitabine: AE, adverse drug reaction
gemcitabine: CT, clinical trial
gemcitabine: CB, drug combination
gemcitabine: CM, drug comparison
gemcitabine: DO, drug dose
gemcitabine: DT, drug therapy
gemcitabine: PD, pharmacology
navelbine: AE, adverse drug reaction
navelbine: CT, clinical trial
navelbine: CB, drug combination
navelbine: CM, drug comparison
navelbine: DO, drug dose
navelbine: DT, drug therapy
navelbine: PD, pharmacology
paclitaxel: AE, adverse drug reaction
paclitaxel: CT, clinical trial
paclitaxel: CB, drug combination
paclitaxel: CM, drug comparison
paclitaxel: DO, drug dose
paclitaxel: DT, drug therapy
paclitaxel: PD, pharmacology
celecoxib: CT, clinical trial
celecoxib: CB, drug combination
celecoxib: CM, drug comparison
celecoxib: DO, drug dose
celecoxib: IT, drug interaction
celecoxib: DT, drug therapy
celecoxib: PD, pharmacology
celecoxib: PO, oral drug administration
cyclooxygenase 2 inhibitor: CB, drug combination
cyclooxygenase 2 inhibitor: DT, drug therapy
cyclooxygenase 2 inhibitor: PD, pharmacology
etoposide: CT, clinical trial
etoposide: CB, drug combination
etoposide: CM, drug comparison
etoposide: IT, drug interaction
etoposide: DT, drug therapy
etoposide: PD, pharmacology
Vinca alkaloid: CB, drug combination
Vinca alkaloid: CM, drug comparison
Vinca alkaloid: DT, drug therapy
Vinca alkaloid: PD, pharmacology
mitomycin: CB, drug combination
mitomycin: CM, drug comparison
mitomycin: DT, drug therapy
mitomycin: PD, pharmacology
7 ethyl 10 hydroxycamptothecin: AE, adverse drug reaction

7 ethyl 10 hydroxycamptothecin: CT, clinical trial
7 ethyl 10 hydroxycamptothecin: CB, drug combination
7 ethyl 10 hydroxycamptothecin: CM, drug comparison
7 ethyl 10 hydroxycamptothecin: DO, drug dose
7 ethyl 10 hydroxycamptothecin: IT, drug interaction
7 ethyl 10 hydroxycamptothecin: DT, drug therapy
7 ethyl 10 hydroxycamptothecin: PK, pharmacokinetics
7 ethyl 10 hydroxycamptothecin: PD, pharmacology
platinum derivative: AE, adverse drug reaction
platinum derivative: CT, clinical trial
platinum derivative: CB, drug combination
platinum derivative: CM, drug comparison
platinum derivative: DO, drug dose
platinum derivative: IT, drug interaction
platinum derivative: DT, drug therapy
platinum derivative: PD, pharmacology
DNA topoisomerase inhibitor: AE, adverse drug reaction
DNA topoisomerase inhibitor: CT, clinical trial
DNA topoisomerase inhibitor: CB, drug combination
DNA topoisomerase inhibitor: CM, drug comparison
DNA topoisomerase inhibitor: DO, drug dose
DNA topoisomerase inhibitor: IT, drug interaction
DNA topoisomerase inhibitor: DT, drug therapy
DNA topoisomerase inhibitor: PK, pharmacokinetics
DNA topoisomerase inhibitor: PD, pharmacology
antibody: DT, drug therapy
ifosfamide: AE, adverse drug reaction
ifosfamide: CT, clinical trial
ifosfamide: CB, drug combination
ifosfamide: CM, drug comparison
ifosfamide: DT, drug therapy
ifosfamide: PD, pharmacology
docetaxel: AE, adverse drug reaction
docetaxel: CT, clinical trial
docetaxel: CB, drug combination
docetaxel: CM, drug comparison
docetaxel: IT, drug interaction
docetaxel: DT, drug therapy
docetaxel: PD, pharmacology
thalidomide: CT, clinical trial
thalidomide: CB, drug combination
thalidomide: CM, drug comparison
thalidomide: DT, drug therapy
thalidomide: PD, pharmacology
temozolomide: CT, clinical trial
temozolomide: CB, drug combination
temozolomide: CM, drug comparison
temozolomide: DT, drug therapy
temozolomide: PD, pharmacology
epidermal growth factor: DT, drug therapy
receptor blocking agent: CB, drug combination
receptor blocking agent: PD, pharmacology
angiogenesis inhibitor: CB, drug combination
angiogenesis inhibitor: PD, pharmacology
antisense oligonucleotide: CB, drug combination
antisense oligonucleotide: PD, pharmacology

CAS REGISTRY NO.: (irinotecan) 100286-90-6; (cisplatin) 15663-27-1, 26035-31-4, 96081-74-2; (carboplatin) 41575-94-4; (vindesine) 53643-48-4; (gemcitabine) 103882-84-4; (navelbine) 71486-22-1; (paclitaxel) 33069-62-4; (celecoxib) 169590-42-5; (etoposide) 33419-42-0; (mitomycin) 1404-00-8; (7 ethyl 10 hydroxycamptothecin) 86639-52-3; (ifosfamide) 3778-73-2; (docetaxel)

114977-28-5; (thalidomide) 50-35-1; (temozolomide) 85622-93-1; (epidermal growth factor) 62229-50-9
CHEMICAL NAME: Sn 38; Vp 16

L65 ANSWER 25 OF 26 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED. on STN
ACCESSION NUMBER: 2002344439 EMBASE
TITLE: [Onkologie: Preface].
VORWORT.
AUTHOR: Schmoll H.-J.
SOURCE: Onkologie, (2002) 25/SUPPL. 3 (V-VI).
ISSN: 0378-584X CODEN: ONKOD2
COUNTRY: Germany
DOCUMENT TYPE: Journal; Editorial
FILE SEGMENT: 016 Cancer
037 Drug Literature Index
048 Gastroenterology
LANGUAGE: German

CONTROLLED TERM: Medical Descriptors:
*colorectal cancer: DT, drug therapy
*colorectal cancer: SU, surgery
cancer surgery
cancer palliative therapy
cancer regression
prognosis
adjuvant chemotherapy
enzyme inhibition
cell proliferation
drug infusion
monotherapy
cancer combination chemotherapy
human
editorial
Drug Descriptors:
fluorouracil: CB, drug combination
fluorouracil: DT, drug therapy
fluorouracil: PD, pharmacology
oxaliplatin: CB, drug combination
oxaliplatin: DT, drug therapy
oxaliplatin: PD, pharmacology
irinotecan: CB, drug combination
irinotecan: DT, drug therapy
irinotecan: PD, pharmacology
capecitabine: CB, drug combination
capecitabine: DT, drug therapy
capecitabine: PD, pharmacology
UFT: DT, drug therapy
UFT: PD, pharmacology
cetuximab: DT, drug therapy
cetuximab: PD, pharmacology
epidermal growth factor receptor: EC, endogenous compound
protein tyrosine kinase inhibitor: DT, drug therapy
protein tyrosine kinase inhibitor: PD, pharmacology
cyclooxygenase 2 inhibitor: CB, drug combination
cyclooxygenase 2 inhibitor: DT, drug therapy
cyclooxygenase 2 inhibitor: PD, pharmacology
cyclooxygenase 2 inhibitor: PO, oral drug administration
CAS REGISTRY NO.: (fluorouracil) 51-21-8; (oxaliplatin) 61825-94-3; (irinotecan) 100286-90-6; (capecitabine) 154361-50-9; (UFT) 74578-38-4; (cetuximab) 205923-56-4
CHEMICAL NAME: Eloxatin

L65 ANSWER 26 OF 26 EMBASE COPYRIGHT 2003 ELSEVIER INC. ALL RIGHTS RESERVED.
on STN

ACCESSION NUMBER: 2001290717 EMBASE
TITLE: [What kind of chemotherapy for metastatic pancreatic adenocarcinomas?].
LES ADENOCARCINOMES PANCREATIQUES METASTATIQUES: QUELLE CHIMIOTHERAPIE?.
AUTHOR: Legoux J.-L.; Smith D.
CORPORATE SOURCE: J.-L. Legoux, Service d'Hepato-Gastroenterologie, Hopital du Haut-Leveque, CHU de Bordeaux, 5, avenue de Magellan, 33604 Pessac, France
SOURCE: Hepato-Gastro, (2001) 8/4 (273-277).
Refs: 33
ISSN: 1253-7020 CODEN: HEGAF6
COUNTRY: France
DOCUMENT TYPE: Journal; (Short Survey)
FILE SEGMENT: 016 Cancer
037 Drug Literature Index
048 Gastroenterology
LANGUAGE: French

CONTROLLED TERM: Medical Descriptors:
*pancreas adenocarcinoma: DT, drug therapy
*metastasis: CO, complication
*metastasis: DT, drug therapy
***cancer chemotherapy**
drug choice
cancer combination chemotherapy
drug efficacy
cancer survival
human
clinical trial
short survey
Drug Descriptors:
*fluorouracil: CT, clinical trial
*fluorouracil: CB, drug combination
*fluorouracil: DT, drug therapy
*fluorouracil: PD, pharmacology
*cisplatin: CT, clinical trial
*cisplatin: CB, drug combination
*cisplatin: DT, drug therapy
*cisplatin: PD, pharmacology
*gemcitabine: CT, clinical trial
*gemcitabine: CB, drug combination
*gemcitabine: DT, drug therapy
*gemcitabine: PD, pharmacology
cyclophosphamide: CT, clinical trial
cyclophosphamide: CB, drug combination
cyclophosphamide: DT, drug therapy
cyclophosphamide: PD, pharmacology
methotrexate: CT, clinical trial
methotrexate: CB, drug combination
methotrexate: DT, drug therapy
methotrexate: PD, pharmacology
mitomycin C: CT, clinical trial
mitomycin C: CB, drug combination
mitomycin C: DT, drug therapy
mitomycin C: PD, pharmacology
doxorubicin: CT, clinical trial
doxorubicin: CB, drug combination
doxorubicin: DT, drug therapy
doxorubicin: PD, pharmacology
folic acid: CT, clinical trial

folic acid: CB, drug combination
folic acid: DT, drug therapy
folic acid: PD, pharmacology
etoposide: CT, clinical trial
etoposide: CB, drug combination
etoposide: DT, drug therapy
etoposide: PD, pharmacology
oxaliplatin: CT, clinical trial
oxaliplatin: CB, drug combination
oxaliplatin: DT, drug therapy
oxaliplatin: PD, pharmacology
epirubicin: CT, clinical trial
epirubicin: CB, drug combination
epirubicin: DT, drug therapy
epirubicin: PD, pharmacology
irinotecan: CT, clinical trial
irinotecan: CB, drug combination
irinotecan: DT, drug therapy
irinotecan: PD, pharmacology
taxotere: CT, clinical trial
taxotere: CB, drug combination
taxotere: DT, drug therapy
taxotere: PD, pharmacology
interferon: CT, clinical trial
interferon: CB, drug combination
interferon: DT, drug therapy
taxane derivative: CT, clinical trial
taxane derivative: CB, drug combination
taxane derivative: DT, drug therapy
raltitrexed: CT, clinical trial
raltitrexed: CB, drug combination
raltitrexed: DT, drug therapy
6 hydroxymethylacylfulvene: CT, clinical trial
6 hydroxymethylacylfulvene: CB, drug combination
6 hydroxymethylacylfulvene: DT, drug therapy
rubitecan: CT, clinical trial
rubitecan: CB, drug combination
rubitecan: DT, drug therapy
cyclooxygenase 2 inhibitor: CT, clinical trial
cyclooxygenase 2 inhibitor: CB, drug combination
cyclooxygenase 2 inhibitor: DT, drug therapy
flutamide: CT, clinical trial
flutamide: CB, drug combination
flutamide: DT, drug therapy
UFT: CT, clinical trial
UFT: CB, drug combination
UFT: DT, drug therapy
capecitabine: CT, clinical trial
capecitabine: CB, drug combination
capecitabine: DT, drug therapy
4 n acetyldinaline: CT, clinical trial
4 n acetyldinaline: CB, drug combination
4 n acetyldinaline: DT, drug therapy

CAS REGISTRY NO.: (fluorouracil) 51-21-8; (cisplatin) 15663-27-1, 26035-31-4, 96081-74-2; (gemcitabine) 103882-84-4; (cyclophosphamide) 50-18-0; (methotrexate) 15475-56-6, 59-05-2, 7413-34-5; (mitomycin C) 50-07-7, 74349-48-7; (doxorubicin) 23214-92-8, 25316-40-9; (folic acid) 59-30-3, 6484-89-5; (etoposide) 33419-42-0; (oxaliplatin) 61825-94-3; (epirubicin) 56390-09-1, 56420-45-2; (irinotecan) 100286-90-6; (taxotere) 114977-28-5; (raltitrexed) 112887-68-0; (6 hydroxymethylacylfulvene) 158440-71-2; (rubitecan) 91421-42-0; (flutamide) 13311-84-7; (UFT)

74578-38-4; (capecitabine) 154361-50-9; (4 n acetyldinaline) 112522-64-2

CHEMICAL NAME: Cpt 11; Mgi 114; Ci 994

FILE 'HOME' ENTERED AT 09:56:19 ON 22 OCT 2003